

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90510 001 ***450.00

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1. Entity Name
GCJ ENTERPRISES, INC.



Principal Place of Business
806 HIGHWAY 90 W
CRESTVIEW, FL 32536 US

Mailing Address
P.O. BOX 39
CRESTVIEW, FL 32536 US

66417809



2. Principal Place of Business
928 North Fardon Blvd.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State
Crestview, FL
Zip
32536 Country
ORALUSA

City & State
Zip Country

4. FEI Number
59-3097202 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JONES, GARY C.
1401 TROUT DRIVE
PANAMA CITY, FL 32408

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CDS ☐ Delete
NAME JONES, GARY C.
STREET ADDRESS 1401 TROUT DRIVE
CITY-ST-ZIP PANAMA CITY, FL 32408

TITLE PD ☐ Delete
NAME TWITTY, RICHARD A
STREET ADDRESS 8540 T E ROGERS RD
CITY-ST-ZIP LAUREL HILL, FL 32567

TITLE VPD ☐ Delete
NAME LALOR, THOMAS M
STREET ADDRESS 23 MARINER DR.
CITY-ST-ZIP FORT WALTON BECH, FL 32548

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Richard Twitty Pres.* *4/20/04* *850-682-8337*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #