2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # V01842

1. Entity Name
GCJ ENTERPRISES, INC.

Principal Place of Business	Mailing Address
928 NORTH FERDON BLVD. CRESTVIEW, FL 32536 US	P.O. BOX 39 CRESTVIEW, FL 32536 US

DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

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.
2541 FEROL LANE
LYNN HAVEN, FL 32444

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000005493394
05/13/06-80021-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	CDS
NAME	JONES, GARY C.
STREET ADDRESS	2541 FEROL LANE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	PD
NAME	TWITTY, RICHARD A
STREET ADDRESS	8540 T E ROGERS RD
CITY-ST-ZIP	LAUREL HILL, FL 32567
TITLE	VPD
NAME	LALOR, THOMAS M
STREET ADDRESS	23 MARINER DR.
CITY-ST-ZIP	FORT WALTON BECH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/28/06 850-682-8337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #