2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 07, 2007 08:00 AM DOCUMENT # P03000095027 **Secretary of State** 1. Entity Name J.C. TRIUMPH INC. Principal Place of Business Mailing Address 2205 E EDGEWOOD DR 2205 E EDGEWOOD DR LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, otc Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 14-1893956 Not Applicable Zip Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Accol signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution: Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PSD** ☐ Change ☐ Addition THLE ☐ Delete 11111 SERNA, CHERYL J NAMI NAME U00000626025 2205 E EDGEWOOD DR STREET ADDRESS STREET ADDRESS 02/15/07-80003-022 150.00 LAKELAND FL 33803 CITY-ST-/IP CITY-ST-ZIP VTD Addition Delete Change DHE SERNA, JOHN G NAME 2205 E EDGEWOOD DR STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CHY-ST-ZIP CHY-ST-7IP IIITE ~ iiiit ■ Audition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP Change ☐ Addition Delete THIE NAME STREET ADORESS STREET ADDRESS CHY-ST-7IP CHY-ST-ZIP ☐ Defete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delcie TITLE Change Addition | FITTE NAME: NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-/IP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 propowered.

FILED

5/0+ (P63)665-OL7L