## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 02, 2008 8:00 am Secretary of State DOCUMENT # P07000083128 04-02-2008 90031 041 \*\*\*158.75 FLORIDA JUSTICE AND PEACE CENTER, INC. Principal Place of Business Maiting Address 1325 FAIRHAVEN COURT 1325 FAIRHAVEN COURT OVIEDO, FL 32766 OVIEDO, FL 32766 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 26-0571600 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUCK, MARY Street Address (P.O. Box Number is Not Acceptable) 1325 FAIRHAVEN COURT **OVIEDO, FL 32766** City 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Addition ☐ Delete TITLE Change BRUCK, MARY NAME NAME STREET ADDRESS 1325 FAIRHAVEN COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OVIEDO, FL 32766 VP.D TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRUCK, GERALD NAME NAME STREET ADDRESS 1325 FAIRHAVEN COURT STREET ADDRESS CITY-ST-7IP OVIEDO, FL 32766 CETY+ST-7IP ☐ Delete TITLE THIF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition THIE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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