

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2008 8:00 am
Secretary of State

08-20-2008 90002 014 ***150.00

DOCUMENT # P07000113791



1. Entity Name
 M.J.C.C. INC

Principal Place of Business: 1422 WYNGATE LA, LAKELAND, FL 33809
 Mailing Address: 1422 WYNGATE LA, LAKELAND, FL 33809

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

City & State City & State

Zip Country Zip Country

08122008 Chg-P CR2E034 (12/06)

4. FEI Number: 26-1247431 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

HART, CHRISTOPHER J
 1735 LOWERY AVE
 LAKELAND, FL 33801

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: _____ DATE: _____
Signatures, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HART, MICHAEL F	
STREET ADDRESS	1422 WYNGATE LA	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HART, CHRISTOPHER J	
STREET ADDRESS	1735 LOWERY AVE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	T	<input type="checkbox"/> Delete
NAME	HART, JEAN	
STREET ADDRESS	1422 WYNGATE LA	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	S	<input type="checkbox"/> Delete
NAME	HART, CAROLYN	
STREET ADDRESS	1735 LOWERY AVE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 included 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: Michael F. Hart Michael F. HART 8-18-08 863-815-5357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #