

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000008923

1. Entity Name
JUCFAM ASSOCIATES, INC.



Principal Place of Business
**1919 RIDGE ROAD
NORTH PALM BEACH, FL 33408**

Mailing Address
**25802 PRAIRIESTONE DR
LAGUNA HILLS, CA 92653**



04132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0372338

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AVIZONIS, LINDA V
1933 RIDGE RD.
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
AVIZONIS, LINDA V
25802 PRAIRIESTONE DR
LAGUNA HILLS, CA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LIAUKUS, MILD A
21 BROWNSON DR
HUNTINGTON, CT**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JUCENAS, ANTHONY L
2291 MIRASOL DR
VISTA, CA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CALLO, GALE
230 FULLER RD.
CENTERVILLE, MA 02632**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000516732
05/01/06-80016-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Linda V. Avizonis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

949 362 1472

Date

Daytime Phone #