

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000024735

Entity Name: J.C.Q. SERVICES, INC.

FILED
Jul 20, 2006
Secretary of State

Current Principal Place of Business:

1135 OCOEE APOPKA RD
APOPKA, FL 32703

New Principal Place of Business:

1135 OCOEE APOPKA RD
APOPKA, FL 32703 US

Current Mailing Address:

1135 OCOEE APOPKA RD
APOPKA, FL 32703

New Mailing Address:

1135 OCOEE APOPKA RD
APOPKA, FL 32703 US

FEI Number: 59-3629487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUIROGA, JUAN C
1841 THOROUGHbred DRIVE
GOTHA, FL 347345133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: QUIROGA, JUAN C
Address: 1841 THOROUGHbred DRIVE
City-St-Zip: GOTHA, FL 347345133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: QUIROGA, JUAN C
Address: 1841 THOROUGHbred DRIVE
City-St-Zip: GOTHA, FL 347345133 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN C. QUIROGA

PVST

07/20/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date