

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90078 046 \*\*\*158.75

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # P97000081196</b><br>1. Entity Name<br><b>JAY CINN SERVICES, INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>1009 CHERRY LN<br/>WELLINGTON, FL 33414</b>  |  |  | Mailing Address<br><b>1009 CHERRY LN<br/>WELLINGTON, FL 33414</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>3690 MAY PL</b>   |  | 3. Mailing Address<br><b>3690 MAY PL</b>       |   |   |  |
| Suite, Apt. #, etc.<br><b>APT. 103</b>   |  | Suite, Apt. #, etc.<br><b>APT. 103</b>         |   |   |  |
| City & State<br><b>BOYNTON BEACH FL</b>  |  | City & State<br><b>BOYNTON BEACH FL</b>        |   | 4. FEI Number<br><b>65-0817959</b>  |  |
| Zip<br><b>33436</b>  |  | Country<br><b>USA</b>                          |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CHARNEY, JEFFREY J<br/>1009 CHERRY LN<br/>WELLINGTON, FL 33414</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>JEFFREY J. CHARNEY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3690 MAY PL APT 103</b><br>City <b>BOYNTON BEACH FL</b> Zip Code <b>33436</b> |  |
| 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____  |  |  |   |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00  |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>           |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP <input type="checkbox"/> Delete<br><b>CHARNEY, RENE A<br/>1009 CHERRY LN<br/>WELLINGTON, FL 33414</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3690 MAY PL<br/>BOYNTON BEACH FL 33436</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| 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: <u><i>Rene A. Charney</i></u> <b>RENE A CHARNEY</b> Date <u>4/28/08</u> Daytime Phone # _____   |  |  |   |   |  |