


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90188 037 \*\*\*158.75

<b>DOCUMENT # P07000072757</b>	
1. Entity Name JAVA FOR JC, INC.	

Principal Place of Business 5035 USSEPA CT PUNTA GORDA, FL 33950	Mailing Address 5035 USSEPA CT PUNTA GORDA, FL 33950
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**60033688**



2. Principal Place of Business - No P.O. Box # <b>95 NORTH MARION CT.</b>	3. Mailing Address <b>95 NORTH MARION CT.</b>
Suite, Apt. #, etc. <b>#135</b>	Suite, Apt. #, etc. <b>#135</b>
City & State <b>PUNTA GORDA, FL</b>	City & State <b>PUNTA GORDA, FL</b>
Zip <b>33950</b>	Country <b>USA</b>

04072008 Chg-P CR2E034 (12/06)

4. FEI Number <b>26-0410947</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  KEIM, LAURA J 5035 USSEPA CT PUNTA GORDA, FL 33950		
7. Name and Address of New Registered Agent Name <b>LAURA J. KEIM</b> Street Address (P.O. Box Number is Not Acceptable) <b>95 NORTH MARION CT #135</b> City <b>PUNTA GORDA</b> FL Zip Code <b>33950</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 *Laura J. Keim* **OWNER** **4/22/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OWNER / PRESIDENT</b> <b>LAURA J. KEIM</b> <b>95 N. MARION CT. #135</b> <b>PUNTA GORDA, FL 33950</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: *Laura J. Keim* **4/22/08** **(941) 286-2487**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #