


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90165 004 \*\*\*150.00

<b>DOCUMENT # 304894</b> 1. Entity Name <b>J.C. WESTERN SUPPLY, INC.</b>					
Principal Place of Business <b>1200 SOUTH CONGRESS AVENUE WEST PALM BEACH, FL 33406</b>			Mailing Address <b>1141 PINE POINT RIVIERA BCH., FL 33404</b>		
2. Principal Place of Business - No P.O. Box # <b>710 N. Old Dixie Hwy</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Jupiter, FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>59-1142737</b>	
Zip <b>33458</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HALSEY, BRIGITTE 1141 PINE POINT RIVIERA BCH., FL 33404</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALSEY, BRIGITTE 1141 PINE POINT RIVIERA BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPECTOR, SAMUEL 1141 PINE POINT RIVIERA BCH., FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPECTOR, MAXINE 1141 PINE POINT RIVIERA BCH., FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPECTOR, CARMEN 1141 PINE POINT RIVIERA BCH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE: <u>Brigitte Halsey</u> Brigitte Halsey 4/30/08 561-748-8801</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					