

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 537982**

1. Entity Name  
**J. C. FUNDING CORPORATION**



Principal Place of Business  
**1125 NORTH WOODLAND BLVD.  
DELAND, FL 32720**

Mailing Address  
**1125 NORTH WOODLAND BLVD.  
DELAND, FL 32720**

**DO NOT WRITE IN THIS SPACE**



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1919196**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MOSS, MILTON C.  
1125 NORTH WOODLAND BLVD.  
DELAND, FL 32721**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VST
NAME	MOSS, JUDITH M.
STREET ADDRESS	711 N. BOSTON AVE.
CITY-ST-ZIP	DELAND, FL
TITLE	P
NAME	MOSS, MILTON C.
STREET ADDRESS	1125 N. WOODLAND BLVD.
CITY-ST-ZIP	DELAND, FL
TITLE	D
NAME	MOSS, JUDITH M.
STREET ADDRESS	711 N. BOSTON AVE.
CITY-ST-ZIP	DELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000864714  
03/22/07-80056-020 150.00

U000000660110  
03/16/07-80039-020 150.00

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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:** *Milton C. Moss* **MILTON C. MOSS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-07**  
Date

**386-736432**  
Daytime Phone #