


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 537982</b> 1. Entity Name J. C. FUNDING CORPORATION	
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Principal Place of Business 1125 NORTH WOODLAND BLVD. DELAND, FL 32720	Mailing Address 1125 NORTH WOODLAND BLVD. DELAND, FL 32720
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1919196	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: Milton C. Moss Milton C. Moss 1-19-08-386-736-6432  
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"/> \$5.00 May Be Added to Fees
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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	

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03/11/08-80070-002 150.00

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 1-19-08 386-736-6432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #