


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 581577
 1. Entity Name
J & C RESTAURANT EQUIPMENT, INC.



Principal Place of Business
10880B METRO PKWY
FORT MYERS, FL 33912 US

Mailing Address
10880B METRO PKWY
FORT MYERS, FL 33912 US

DO NOT WRITE IN THIS SPACE



08042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1837489	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
DICKINSON, C. COURTENAY
3501 S.E. 18TH AVE.
CAPE CORAL, FL 33904

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

U00000574085
~~08/11/06 00002 002 150.00~~

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICKINSON, C. COURTENAY 3501 S.E. 18TH AVE. CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DICKINSON, HOWARD P. 9759 MAR LARGO CIR FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: C. Courtenay Dickinson **C. COURTENAY/DICKINSON** 8-8-2006 239-275-3490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #