


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 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 FT MYERS, FL 33966 US
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DO NOT WRITE IN THIS SPACE



04112008 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**

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000893917
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10. OFFICERS AND DIRECTORS

TITLE P	DICKINSON, C. COURTENAY 3501 S.E. 18TH AVE. CAPE CORAL, FL
TITLE VP	DICKINSON, HOWARD P. 9759 MAR LARGO CIR FT. MYERS, FL
TITLE NAME	
TITLE NAME	
TITLE NAME	

04/24/08-80007-008:150.00

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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  **HOWARD DICKINSON** 4-11-08 239-275-3490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #