

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

04-29-2005 90246 047 \*\*\*50.00  
F03000002466

FILED

05 MAY 27 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11000104

**DOCUMENT # F03000002466**

1. Entity Name  
JC MANAGEMENT OF ARIZONA, INC.



Principal Place of Business  
8600 EAST ROCKCLIFF ROAD  
TUCSON, AZ 85750

Mailing Address  
8600 EAST ROCKCLIFF ROAD  
TUCSON, AZ 85750

**DO NOT WRITE IN THIS SPACE**



5/11/05 01042 001 \$150.00  
182065 No Chg-P CR2E034 (10/03)

4. FEI Number  
86-0868750  
Applied For  
Not Applicable

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

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

UCC FILING & SEARCH SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees.**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
COHEN, JERROLD  
8600 EAST ROCKCLIFF ROAD  
TUCSON, AZ 85750

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05 (520)7449155 X4387  
Date Daytime Phone #