

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F44848**

1. Entity Name  
**JECCO, INC.**



Principal Place of Business

**10979 ATLANTIC BLVD  
JACKSONVILLE, FL 32225 US**

Mailing Address

**10979 ATLANTIC BLVD  
JACKSONVILLE, FL 32225 US**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**J E CARUSO  
10979 ATLANTIC BLVD  
JAX, FL 32225**

**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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARUSO, JOHN E.  
STREET ADDRESS 10979 ATLANTIC BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE TD  
NAME CARUSO, JO ANN  
STREET ADDRESS 10979 ATLANTIC BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE VD  
NAME CARUSO, JOHN MICHAEL  
STREET ADDRESS 10979 ATLANTIC BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE VP  
NAME REYNOLDS, DEBORA C.  
STREET ADDRESS 10979 ATLANTIC BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE VP  
NAME MICHAELS, TERRI C.  
STREET ADDRESS 10979 ATLANTIC BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE S  
NAME BRUNET, MARISA  
STREET ADDRESS 10979 ATLANTIC BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32225

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01/16/04-80044-018 150.00

**DO NOT WRITE  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-04 904-6425600  
Date Daytime Phone #