


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F90044</b> 1. Entity Name <b>J.C.'S LOBSTER POT, INC.</b>																													
Principal Place of Business <b>121 E. GRANADA BLVD. ORMOND BEACH FL 32176 US</b>			Mailing Address <b>805 PATTERSON DR. SO. DAYTONA FL 32119 US</b>																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number <b>59-2250595</b>																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable																											
6. Name and Address of Current Registered Agent  <b>WEIR, JACQUELINE L 805 PATTERSON DR. DAYTONA BEACH FL 32119</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
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 resigning) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May 2 Trust Fund Contribution. <input type="checkbox"/> Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">STDP</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WEIR, JACQUELINE L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>805 PATTERSON DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SO. DAYTONA FL</td> <td></td> </tr> </table>			TITLE	STDP	<input type="checkbox"/> Delete	NAME	WEIR, JACQUELINE L		STREET ADDRESS	805 PATTERSON DR.		CITY-ST-ZIP	SO. DAYTONA FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000000468565</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>03/23/06-80015-011 158.75</td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS	1000000468565		CITY-ST-ZIP	03/23/06-80015-011 158.75	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																													
<b>SIGNATURE:</b> <i>JACQUELINE L WEIR</i> <i>Mar. 7, 2006</i> <i>(386) 767-399</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													