


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90021 035 \*\*\*150.00

DOCUMENT # F9800000328			
1. Entity Name XC CORPORATION OF NEW JERSEY			
Principal Place of Business 5008 W. LINEBAUGH AVE., #4 TAMPA, FL 33624		Mailing Address 5008 W. LINEBAUGH AVE., #4 TAMPA, FL 33624	
2. Principal Place of Business 5008 W. LINEBAUGH AVE.		3. Mailing Address 5008 W. LINEBAUGH AVE.	
Suite, Apt. #, etc. SUITE # 44		Suite, Apt. #, etc. SUITE # 44	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33624	Country USA	Zip 33624	Country USA
4. FEI Number 22-2088855		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLEY, THOMAS 5008 W. LINEBAUGH AVE., #4 TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5008 W. LINEBAUGH AVE. SUITE # 44 City TAMPA FL Zip Code 33624	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC KELLEY, THOMAS 5008 W. LINEBAUGH AVE., #4 TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 5008 W. LINEBAUGH AVE. STE # 44 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLEY, MAGDALENA 5008 W. LINEBAUGH AVE., #4 TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST 5008 W. LINEBAUGH AVE, STE # 44 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 information.			
SIGNATURE: <u>Thomas W. Kelley Jr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1/6/05</u> Daytime Phone #: <u>813-908-2589</u>	

JU001640



01062005 Chg-P CR2E034 (10/03)