


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # K08412	
1. Entity Name J BAR C, INC.	

Principal Place of Business 3665 BEE RIDGE ROAD, SUITE 310 SARASOTA, FL 34233	Mailing Address 3665 BEE RIDGE ROAD, SUITE 310 SARASOTA, FL 34233
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0018382	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

CARRION, JAIME S
3665 BEE RIDGE ROAD
SUITE 310
SARASOTA, FL 34233

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	PC CARRION, JAIME S. 3665 BEE RIDGE RD. #310 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARRION, JAIME R. 3665 BEE RIDGE RD. #310 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS THOMAS, DORA M.C. 3665 BEE RIDGE RD. #310 SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCSWEENEY, A C 3665 BEE RIDGE RD. #310 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/17/07-80039-008 150.00

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IN THIS SPACE**

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:  **Dora Maria C. Thomas** 4/4/07 941-923-4551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #