## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2008 8:00 am Secretary of State

PACE PRIZE AND TORNY PRIM HARBOR, FL 34633 US PALM HARBOR, FL 34633 US  Solic. April 4. etc.  City & State City & S	DOCUMENT # L15619  1. Entity Name  JFPC ENTERPRISES, INC.						)4-24-2008 90	0120 013	***158.	75
Suite, Apt. 4 etc.   Suite, Apt. 4 otc.   Qu172008   Chg.P   CR2E034 (12/06)	2842 PHEASANT DRIVE 2842 PHEASANT DRIVE				US		<b>18</b> 3 81448 81181 41 <b>3</b> 10 1831	<b>61511 8/8/3 8/8/1</b>	<b>81811 81811 818</b>	H <b>āt</b> ) II I <b>āt</b> i
City & State  Country  Count	Principal Place of Business - No P.O. Box #     Mailing Add			ddress						
2p	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04172008	Chg-P	CR2E03	4 (12/06)	
S. Certificate of Salaus Bersel?   S. Certificate of Salaus Series   S. Certificate   S. Ce	City & State		City & State		1	B50				
Name	Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired			
CLEARWATER, FL 33765  The above named entity submiss 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOWIII FEE IS \$150.00   P. Election Campaign Financing   \$5.00 May Be Added to Fees   P. C. APULLA   P. C. AP		6. Name and Address of Current	Registered Agent		[	7. Name and A	ddress of New R	egistered A	gent	
Sirear Address (P.O. Bax Number is Not Acceptable)    City   FL   Zip Code					Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$\$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  HILE DT CARLISLE, PAT A VP SIRET ADDRESS  CITY-ST-2P  CARLISLE, PAT A VP SIRET ADDRESS  CITY-ST-2P  CLEARWATER, FL 33765  CITY-ST-2	2460 GULF TO BAY BLVD				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature injury submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature injury submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature injury submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Signature injury submits in the State of Florida. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the submits agent agents	CLEARVA	MER, FL 33705				*****		•		
SIGNATURE     Signature   Note   No					City			FL	Zip Codi	₿
Signatura Jupines runner of representation and in the state of the s			or the purpose of changing its	register	ed office or registe	red agent, or both	in the State of Flo	rida. I am fa	amiliar with,	and accept
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.	SIGNATURE_	Signature, typed or printed name of registered agen	and title it applicable. (NOT	: Registere	d Agent signature require	d when reinstating)		, DATE		
THE NAME CARLISLE, PAT A VP CANDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME FIELDS, JOHN R P FIELDS, JOHN R P STREET ADDRESS CITY-ST-2P  TITLE NAME PETTIT, BRADLEY R V STREET ADDRESS CITY-ST-2P  TITLE NAME PETTIT, BRADLEY R V STREET ADDRESS CITY-ST-2P  TITLE NAME PETTIT, BRADLEY R V STREET ADDRESS CITY-ST-2P  TITLE NAME PETTIT, BRADLEY R V STREET ADDRESS CITY-ST-2P  TITLE NAME PETTIT, BRADLEY R V STREET ADDRESS CITY-ST-2P  TITLE NAME CLEARWATER, FL 33765  CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME NAME STREET ADDRESS CITY-ST-2P  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.		-		.00 May Be led to Fees				
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STREET ADDRESS CITY-ST-ZIP  LITLE NAME PETTIT, BRADLEY R V STREET ADDRESS CITY-ST-ZIP  LITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  LITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	_ below		TITL	E				Change	Addition
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	NAME STREET ADDRESS CITY-ST-ZIP	. ,		NAM STRE CITY	EET ADDRESS -ST-ZIP					

12. I nereby details that the information supplied with this filling does not quality 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 repriver or frustee on ownered 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 attact fright unity in address with all other like empowered.

SIGNATURE:

DANK HELDS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08 (727) 797-044/