2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # M99015

1. Entity Name
J. C. MAINTENANCE, INC.

Principal Place of Business
PO BOX 15534
SARASOTA, FL 34277 US

Mailing Address
PO BOX 15534
SARASOTA, FL 34277 US

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0074461

Applied For
Not Applicable

5. Certificate of Status Desired

$8.75 Additional Fee Required

6. **Name and Address of Current Registered Agent**

JOHN F. SOUDERS
4617 HAMLETS GROVE DR
SARASOTA, FL 34235

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOUDERS, JOHN F.
STREET ADDRESS 4617 HAMLETS GROVE DR.
CITY-ST-ZIP SARASOTA, FL 34235

TITLE SD
NAME SOUDERS, PAULA R
STREET ADDRESS 4617 HAMLETS GROVE DR
CITY-ST-ZIP SARASOTA, FL 34235

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01/28/08-80039-016 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in 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: [signature] 1-19-08 941-359-1986

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