

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90024 029 \*\*\*\*61.25

<b>DOCUMENT # N03016</b> 1. Entity Name <b>J &amp; C INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>1999 GORDON RIVER LN NAPLES, FL 34104 US</b>		Mailing Address <b>1999 GORDON RIVER LN NAPLES, FL 34104 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2190 JEC BLVD.</b>		3. Mailing Address <b>2190 JEC BLVD.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>	
Zip <b>34109</b>		Zip <b>34109</b>	
Country <b>COLLIER</b>		Country <b>COLLIER</b>	
4. FEI Number <b>65-0035127</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PAGANES, RICHARD 1999 GORDON RIVER LANE NAPLES, FL 34104</b>		7. Name and Address of New Registered Agent Name <b>STEVEN J. MULLERSMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2190 JEC BLVD.</b> City <b>NAPLES</b> FL Zip Code <b>34109</b>	
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 <u>Steven J. Mullersman</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>PAGANES, RICHARD 1999 GORDON RIVER LANE NAPLES, FL 34104</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RICHARD ROSEN 2172 JEC BLVD. NAPLES, FL 34109</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>PAGANES, CHRISTINE 1999 GORDEON RIVER LAND NAPLES, FL 34104</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STEVE WEICHELT 1855 JEC BLVD. NAPLES, FL 34109</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>PAGANES, RICHARD C 1999 GORDON RIVER LANE NAPLES, FL 34104</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STEVE MULLERSMAN 2190 JEC BLVD. NAPLES, FL 34109</b>
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 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 617, 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: <u>Steven J. Mullersman</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>STEVEN J. MULLERSMAN</b> <small>Date</small>	
		<b>239-591-0100</b> <small>Daytime Phone #</small>	

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