

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Feb 05, 2007 08:00 AM
Bureau of Finance
Secretary of State

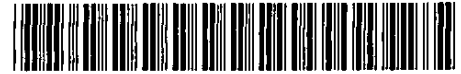


DOCUMENT # P00000005891

1. Entity Name
JCL MANAGEMENT, INC.

Principal Place of Business
315 OLD OAK CIR.
PALM HARBOR FL 34683

Mailing Address
1022 MAIN ST
UNIT A
DUNEDIN FL 34698



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3622715

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTTON, LIND E
315 OLD OAK CIR.
PALM HARBOR FL 34683

PAID
1/31/07 #1321

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD Delete
NAME: HUTTON, LIND E
STREET ADDRESS: 315 OLD OAK CIR.
CITY- ST- ZIP: PALM HARBOR FL 34683

Change Addition
U00000620294
02/09/07-80030-023 150.00

TITLE: STD Delete
NAME: CHAYKA, CATHERINE L
STREET ADDRESS: 1480 GULF BLVD., #907
CITY- ST- ZIP: CLEARWATER FL 33767

Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Catherine Chayka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07 734-9175

Date

Daytime Phone #