2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000059923

1. Entity Name
JC CREATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
737 N.E. 6TH ST.	737 N.E. 6TH ST.
POMPANO BEACH, FL 33060	POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

02032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1023605	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COTE, JOHN F
737 N.E. 6TH ST.
POMPANO BEACH, FL 33060

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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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000634025 02/21/07-80080-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COTE, JOHN F
STREET ADDRESS	737 N.E. 6TH ST.
CITY-ST-ZIP	POMPANO BEACH, FL 33060

TITLE	D
NAME	COTE, MICHELLE
STREET ADDRESS	737 N.E. 6TH ST.
CITY-ST-ZIP	POMPANO BEACH, FL 33060

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STATE COPY

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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: X _Michelle Rene Cote_ MICHELLE COTE   2/8/07   954-784-7949

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