

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90237 007 \*\*\*150.00

**DOCUMENT # P00000089423**

1. Entity Name

J L C ENTERPRISES INC.



Principal Place of Business

4070 DELTONA BLVD.  
SPRING HILL FL 34606

Mailing Address

4070 DELTONA BLVD.  
SPRING HILL FL 34606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3685476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRESAIMANNA, JOHN  
9368 SESAME CT.  
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name

Paulo M Batista

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

8194 Nittany Rd.

Weeki Wachee

FL

City

FL

Zip Code

34613

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution. ☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ST ☐ Delete  
NAME CRESCIMANNO, LINDA  
STREET ADDRESS 9368 SESAME CT  
CITY-ST-ZIP SPRING HILL FL 34608

TITLE VP ☐ Delete  
NAME BATISTA, PAUL M  
STREET ADDRESS 9108 SEWELL LN  
CITY-ST-ZIP SPRING HILL FL 34608

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME Linda Crescimanno  
STREET ADDRESS 8160 Nittany Rd.  
CITY-ST-ZIP Brooksville, FL 34613-5320

TITLE ☒ Change ☐ Addition  
NAME Paulo M Batista  
STREET ADDRESS 8194 Nittany Rd.  
CITY-ST-ZIP Weeki Wachee, FL 34613-5320

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Paulo Batista

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 352 6868966

Date

Daytime Phone #