

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000102774

1. Entity Name
JC'S SANDWICH SHOP, INC.



Principal Place of Business
1911 US HWY 301
SUITE 190
HILLSBOROUGH, FL 33619

Mailing Address
1911 US HWY 301
SUITE 190
HILLSBOROUGH, FL 33619



07112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3752210

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARRILLO, JOAQUIN L
3901 CEDAR CAY CIR.
VALRICO, FL 33594

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IN THIS SPACE**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CARRILLO, JOAQUIN L
3901 CEDAR CAY CIRCLE
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CARRILLO, JORGE A
609 HICKORY LAKE DRIVE
BRANDON, FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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07/14/05-80006-009 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #