


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000112952		
1. Entity Name JTC SERVICES, INC.		
Principal Place of Business 4532 W. KENNEDY #133 TAMPA, FL 33609	Mailing Address 4532 W. KENNEDY #133 TAMPA, FL 33609	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CAMBRIDGE, JOSEPH T JR. 4221 W. UNION ST. TAMPA, FL 33607		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS CAMBRIDGE, JOSEPH T JR. 4221 UNION STREET TAMPA, FL 33607	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-19-06</u> Daytime Phone # _____



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3760432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/26/06-80037-017 150.00