

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036985

Entity Name: JCF CONSULTANTS, INC.

FILED
Mar 14, 2005
Secretary of State

Current Principal Place of Business:

15613 INDIAN QUEEN DR
ODESSA, FL 33556

New Principal Place of Business:

6232 SAVANNAH BREEZE CT.
303
TAMPA, FL 33625

Current Mailing Address:

15613 INDIAN QUEEN DR
ODESSA, FL 33556

New Mailing Address:

6232 SAVANNAH BREEZE CT.
303
TAMPA, FL 33625

FEI Number: 04-3638047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, JEFFREY C
15613 INDIAN QUEEN DR
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

FULLER, JEFFREY C
6232 SAVANNAH BREEZE CT.
303
TAMPA, FL 33625 US

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.

SIGNATURE: JEFFREY C FULLER

03/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: FULLER, JEFFREY C
Address: 15613 INDIAN QUEEN DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: FULLER, JEFFREY C
Address: 6232 SAVANNAH BREEZE CT. #303
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY C FULLER

PTS

03/14/2005

Electronic Signature of Signing Officer or Director

Date