

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000054830



1. Entity Name
JCS OF ORLANDO, INC.

Principal Place of Business
4933 SANDLAKE ROAD
ORLANDO, FL 32819

Mailing Address

4933 SANDLAKE ROAD
ORLANDO, FL 32819

2. Principal Place of Business
8400 W. COUNTY RD 46

3. Mailing Address
8400 W. COUNTY RD 46

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SANFORD, FL

City & State
SANFORD, FL

Zip
32771

Country
USA

Zip
32771

Country
USA

6. Name and Address of Current Registered Agent

NAZEER, ABRAHAM
4933 SANDLAKE ROAD
ORLANDO, FL 32819

Name

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

8400 W. COUNTY RD 46

City

SANFORD

FL

Zip Code
32771

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**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAZEER, ABRAHAM 4933 SANDLAKE ROAD ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8400 W. COUNTY RD 46 SANFORD, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Abraham Nazear ABRAHAM NAZEER 4/30/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**FILED
May 23, 2005 8:00 am
Secretary of State**

05-23-2005 90001 012 ***150.00