2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2004 8:00 am Secretary of State

DOCUMENT # P03000086469 1. Entity Name JGC 1, INC.				05-06-2004 90183 033 ***150.00	
Principal Place of Business 8448 NORTH 56TH STREET TEMPLE TERRACE, FL 33617		Mailing Address 8448 NORTH 56TH S TEMPLE TERRACE, FL			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number Applied For 54-2/19755 Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Registered Agent	
CIACCIO, JAMES G 6730 MAYBOLE PLACE TEMPLE TERRACE, FL 33617				dress (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
	e named entity submits this statement tions of registered agent.	at for the purpose of changing it	ts registered office or req	egistered agent, or both, in the State of Florida. I am familiar with, and acce	
SIGNATURE	Signaphe, typed or printed name of registered as	YOUW Igent and lifte if applicable. (NC	DTE: Registered Agent signature re	e required when reinstating) DATE DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$55			\$5.00 May Be Added to Fees	
10. TITLE	OFFICERS A	AND DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addi	
NAME STREET ADDRESS CITY-ST-ZIP	CIACCIO, JAMES G 6730 MAYBOLE PLACE TEMPLE TERRACE, FL 3361		NAME STREET ADDRESS CITY-ST-ZIP	unanye نے مست	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addi	
name Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADORESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addd	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP	***************************************	□ Polyto -	CITY-ST-ZIP	☐ Change ☐ Add	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		
indicated.	t on this report or supplemental repo	ort is true and accurate and that	t my eignatura chall have	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information verthe same legal effect as if made under oath; that I am an officer or direct oter 607, Florida Statutes; and that my name appears in Block 10 or Block 1	