

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2008 8:00 am
Secretary of State

03-28-2008 90040 039 ***150.00

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1. Entity Name
JKCB CORPORATION



Principal Place of Business
**4636 W IRLO BRONSON MEMORIAL
KISSIMMEE, FL 34746**

Mailing Address
**4636 W IRLO BRONSON MEMORIAL
KISSIMMEE, FL 34746**

66015213



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0204156

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALMONTE, DIONICIO
2614 EMERALD ISLAND BLVD.
KISSIMMEE, FL 34747**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
ALMONTE, DIONICIO
2614 EMERALD ISLAND BLVD.
KISSIMMEE, FL 34747**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
ALMONTE, DAMARIS J
2614 EMERALD ISLAND BLVD.
KISSIMMEE, FL 34747**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D.
TAUERAS, ABELARDO
4636 W IRLO BRONSON MEMORIAL
KISSIMMEE, FL 34746**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Damaris Almonte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/08 (407) 397-7426
Date Device Phone #