## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

	ANNUAL	REPORT	· -		
DOCU	MENT # P03000117	979		Secretary of S	ıaı
1. Entity Nam					
JMJC, IN	С.				
Principal Place	e of Business	Mailing Address		-1 	
1160 GROVELAND DRIVE CHULUOTA, FL 32766		1160 GROVELAND DRIVE CHULUOTA, FL 32766			
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			e	01042007 No Chg-P CR2E034 (11/05)	
	O NOT WRITE	IN THIS SPA	CF		
D	O NO! WINIE			4. FEI Number Applied Fo Not Applied Fo Not Applied Fo	
				5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current Ro	gistered Agent			
SWITZER, GERALD				DO NOT WRITE	
1160 GROVELAND DRIVE CHULUOTA, FL 32766				in the section of the Millian and the section of th	
Cholodia, FL 32780				IN THIS SPACE	
			1 3844 1 77 18	tiga er í skullfóru til særur þjórgar er er til skullstætti þer s F	1
		ne purpose of changing its registere	d office or registered	d agent, or both, in the State of Florida I am familiar with, and acce	ept
the obligati	ions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Register	red Agent signature require	od when renstating) DATE	
	* * *	0. Flasting Compaign Fine	neine CE	200	
	E NOW!!!   FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	S. Election Campaign Final     Trust Fund Contribution.		.00 May Be jed to Fees	!
10.	OFFICERS AND D	IRECTORS	1 .		
TITLE	D	•		Unannas774cs	
NAME STREET ADDRESS	SWITZER, GERALD 1160 GROVELAND DRIVE			01/08/07-80017-010 150.0	0
CITY-ST-ZIP	CHULUOTA, FL 32766				
TITLE	D CHITZER CLIMA		p = 10 to 10	and the second of the second	٠. :
NAME STREET ADDRESS	SWITZER, GLIMA 1160 GROVELAND DRIVE				!
CITY-ST-ZIP	CHULUOTA, FL 32766				٠.,
TITLE					
NAME STREET ADDRESS			1	DO NOT WRITE	
CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME				IN THIS SPACE	
STREET ADDRESS					
CITY-ST-ZIP			3500	Commission of the Commission o	
TITLE NAME			· · · ,		
STREET ADDRESS	}		, ,		4 (
CITY-ST-ZIP			<b>.</b>		<u>.</u>
TITLE -					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statut es. 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: an of 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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #