

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90224 016 ***150.00

00046385



02012007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000131853 1. Entity Name JCL INVESTMENT GROUP INC.			
Principal Place of Business 6649 FOREST HILL BLVD WEST PALM BEACH, FL 33413		Mailing Address 6649 FOREST HILL BLVD WEST PALM BEACH, FL 33413	
2. Principal Place of Business - No P.O. Box # 825 S. US Hwy 1 Suite, Apt. #, etc. 100		3. Mailing Address 825 S. US Hwy 1 Suite, Apt. #, etc. 100	
City & State Jupiter, FL Zip 33417		City & State Jupiter, FL Zip 33417	
4. FEI Number 54-2132624		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, JEFFREY C 6649 FOREST HILL BLVD. WEST PALM BEACH, FL 33413		7. Name and Address of New Registered Agent Name Lee, Jeffrey C. Street Address (P.O. Box Number is Not Acceptable) 825 S. US Hwy 1, Ste 100 City Jupiter FL Zip 33417	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LEE, JEFFREY C 18978 POINT DR. JUPITER, FL 33469	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/24/07 Daytime Phone # 561-748-2607	