


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000147864		
1. Entity Name JC CUSTOM WOODWORK, INC.		
Principal Place of Business 1225 EAST 131 STREET D TAMPA, FL 33612	Mailing Address 1225 EAST 131 STREET D TAMPA, FL 33612	

FILED
Aug 25, 2008 08:00 AM
Secretary of State



08182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0472444	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CALDERON, JOSE L SR.
17071 PONCE DE LOEN BLVD.
BROOKSVILLE, FL 34614

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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 _____ (NOTE: Registered Agent signature required when reinstating)

UD0000958401
08/25/08-80007-019 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

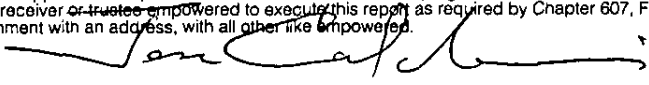
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALDERON, JOSE L SR. 17071 PONCE DE LEON BLVD. BROOKSVILLE, FL 34614
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **8-18-08** **813-368-1724**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #