

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

03-23-2005 90022 013 ***150.00

DOCUMENT # P04000011596 1. Entity Name JCMJC INC.					
Principal Place of Business BOX 1172 CRYSTAL SPRINGS FL 33524			Mailing Address BOX 1172 CRYSTAL SPRINGS FL 33524		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 33-1082014				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLAIRESS, J J 38251 TUCKER RD ZEPHYRHILLS FL FL335-42				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 <i>J J Claress</i> Signature, typed or printed name of registered agent and title if applicable				DATE 1-31-05 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D CLAIRESS, J C BOX 1172 CRYSTAL SPRINGS FL 33524	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAIRESS, M J BOX 1172 CRYSTAL SPRINGS FL 33524	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Mary Claress</i> SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR				DATE 1-31-05 7790032 Date Daytime Phone	

66013104



1st MOORE CR2E034 (10/04)