

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

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		7. Name and Address of New Registered Agent	
CLAIRESS, J J 38251 TUCKER RD ZEPHYRHILLS FL FL335-42		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 _____ (NOTE: Registered Agent signature required when removing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D	NAME	CLAIRESS, J C	TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	BOX 1172	STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	CRYSTAL SPRINGS FL 33524	CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	D	NAME	CLAIRESS, M J	TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	BOX 1172	STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	CRYSTAL SPRINGS FL 33524	CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		NAME		TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP		CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		NAME		TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP		CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		NAME		TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP		CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John Chirco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07 813-780-9258
Date Daytime Phone