

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030545

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: JC & EP, INC.

**Current Principal Place of Business:**

8340 MAUREEN AVE  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

8340 MAUREEN AVE  
NORTH PORT, FL 34287

**New Mailing Address:**

FEI Number: 43-2041038      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COHEN, JANINE  
8340 MAUREEN AVE  
NORTH PORT, FL 34287      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COHEN, JANINE  
Address: 8340 MAUREEN AVE  
City-St-Zip: NORTH PORT, FL 34287

Title: S ( ) Delete  
Name: PEREIRA, ESTEBAN  
Address: 8340 MAUREEN AVE  
City-St-Zip: NORTH PORT, FL 34287

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANINE COHEN

P

04/24/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date