


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90087 031 ***158.75

DOCUMENT # P04000066814																																	
1. Entity Name J C FINANCE SERVICES, INC																																	
Principal Place of Business P O BOX 1396 STUART, FL 34995			Mailing Address P O BOX 1396 STUART, FL 34995																														
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	4. FEI Number 26-0084399																													
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent CASTORO, JODI 1424 NW COCONUT PT LANE STUART, FL 34994																																	
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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____																																	
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>P CASTORO, VINCENT</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P O BOX 1396</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>STUART, FL 34995</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	P CASTORO, VINCENT	<input checked="" type="checkbox"/>	STREET ADDRESS	P O BOX 1396		CITY - ST - ZIP	STUART, FL 34995		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change</td> <td style="width:20%; text-align: right;">Addition</td> </tr> <tr> <td>NAME</td> <td>President Jodi Castoro</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1424 Coconut Pt. Lane</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>STUART FL 34994</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME	President Jodi Castoro	<input type="checkbox"/>	<input checked="" type="checkbox"/>	STREET ADDRESS	1424 Coconut Pt. Lane			CITY - ST - ZIP	STUART FL 34994		
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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: <u>Jodi Castoro</u> Jodi Castoro <u>4/24/07</u> (772) 260-1252 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	