2007 FOR PROFIT CORPORATION... ANNUAL REPORT

DOCUMENT # P04000085642

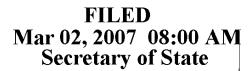
XIOMY & JC ENTERPRISES, INC.



Principal Place of Business

819 OREGON AVE SAINT CLOUD, FL 34769 Mailing Address

819 OREGON AVE SAINT CLOUD, FL 34769



Fee Required



DO NOT WRITE IN THIS SPACE

02212007 No Chg-F		CR2E034 (11/03)		
4. FEI Number				Applied For
20-1304012		•		Not Applicable
5 Certificate of St	atus Decired		\$8.75 Additional	

6. Name and Address of Current Registered Agent

ESQUIVEL, ETHEL X 819 OREGON AVE SAINT CLOUD, FL 34769

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

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. If am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when revisitating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ESQUIVEL, ETHEL X 819 OREGON AVE SAINT CLOUD, FL 34769							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000653649 03/13/07-80030-013 150.00			
TITLE NAME STREET ADDRESS CITY-ST-7IP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·					
12. I hereby certify that the information supplied with this filling 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.								