


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

06-09-2008 90001 011 \*\*\*150.00

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P05000015673</b>             |  |  |
| 1. Entity Name<br>JPCAPITAL COMPANIES, INC |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>3948 3RD STREET SOUTH<br>STE 107<br>JACKSONVILLE BEACH, FL 32250 | Mailing Address<br>3948 3RD STREET SOUTH<br>STE 107<br>JACKSONVILLE BEACH, FL 32250 |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 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 |

|  |                               |
|--|-------------------------------|
|        |                               |
| 06052008 Chg-P   | CR2E034 (12/06)               |
| 4. FEI Number<br>20-2255309  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                                 |  |
| RUSSO, VITTORIA<br>3948 3RD STREET SOUTH<br>107<br>JACKSONVILLE BEACH, FL 32250 |  |

|  |          |
|--|----------|
| 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   | DATE |

|  |   |  |
|--|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 12, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|---|--|

| 10. OFFICERS AND DIRECTORS |                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                             |
|----------------------------|------------------------------|---|-----------------------------|
| TITLE                      | P, D                         | TITLE   | RUSSO, PETER PRES           |
| NAME                       | RUSSO, VITTORIA              | NAME  | 3948 3RD ST SO 107          |
| STREET ADDRESS             | 3948 3RD STREET SOUTH #107   | STREET ADDRESS  | JACKSONVILLE BEACH FL 32250 |
| CITY-ST-ZIP                | JACKSONVILLE BEACH, FL 32250 | CITY-ST-ZIP   |                             |
| TITLE                      | D                            | TITLE   |                             |
| NAME                       | RUSSO, PETER CEO             | NAME  |                             |
| STREET ADDRESS             | 3948 3RD STREET SO, #107     | STREET ADDRESS  |                             |
| CITY-ST-ZIP                | JACKSONVILLE, FL 32250       | CITY-ST-ZIP   |                             |
| TITLE                      |                              | TITLE   |                             |
| NAME                       |                              | NAME  |                             |
| STREET ADDRESS             |                              | STREET ADDRESS  |                             |
| CITY-ST-ZIP                |                              | CITY-ST-ZIP   |                             |
| TITLE                      |                              | TITLE   |                             |
| NAME                       |                              | NAME  |                             |
| STREET ADDRESS             |                              | STREET ADDRESS  |                             |
| CITY-ST-ZIP                |                              | CITY-ST-ZIP   |                             |
| TITLE                      |                              | TITLE   |                             |
| NAME                       |                              | NAME  |                             |
| STREET ADDRESS             |                              | STREET ADDRESS  |                             |
| CITY-ST-ZIP                |                              | CITY-ST-ZIP   |                             |
| TITLE                      |                              | TITLE   |                             |
| NAME                       |                              | NAME  |                             |
| STREET ADDRESS             |                              | STREET ADDRESS  |                             |
| 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 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. |  |
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|---|--------|-----------------|
| SIGNATURE:  | DATE   | Daytime Phone # |
|  | 5/1/08 |                 |