## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019271

Entity Name: JNC GRAPHICS, INC.

**FILED** Sep 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2005 TREE FORK LN. 224 AGUA VISTA STREET DEBARY, FL 32713 121

LONGWOOD, FL 32750

**New Mailing Address: Current Mailing Address:** 

224 AGUA VISTA STREET 2005 TREE FORK LN. DEBARY, FL 32713

LONGWOOD, FL 32750

FEI Number: 20-2309567 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MATTHEW, JAMES R CRIVELLARI III, JOHN 22212 MONTROSE AVE 224 AGUA VISTA STREET PORT CHARLOTTE, FL 33952 US DEBARY, FL 32713

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: JOHN CRIVELLARI III 09/01/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: DPST () Delete Title: DPST (X) Change ( ) Addition CRIVELLARI, JOHN CRIVELLARI, JOHN Name: Name: 2005 TREE FORK LN #121 224 AGUA VISTA STREET Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: DEBARY, FL 32713

Title: DV Title: (X) Change ( ) Addition () Delete

Name: CRIVELLARI, NICHOLAS Name: CRIVELLARI, NICHOLAS 2005 TREE FORK LN #121 Address: 224 AGUA VISTA STREET Address: LONGWOOD, FL 32750 DEBARY, FL 32713 City-St-Zip: 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: JOHN CRIVELLARI III **DPST** 09/01/2008