


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90028 029 ***158.75

DOCUMENT # P05000042550 1. Entity Name JNC DISTRIBUTORS INC.			
Principal Place of Business 1401 FLIGHTLINE BLVD #7 DELAND, FL 32724		Mailing Address 1401 FLIGHTLINE BLVD #7 DELAND, FL 32724	
2. Principal Place of Business - No P.O. Box # 1060 East Industrial Drive		3. Mailing Address 1060 East Industrial Drive	
Suite, Apt. #, etc. Suite #N		Suite, Apt. #, etc. Suite #N	
City & State Orange City FL		City & State Orange City FL	
Zip 32763		Zip 32763	
Country USA		Country USA	
4. FEI Number 20-2557873		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, JESUS 1401 FLIGHTLINE BLVD #7 DELAND, FL 32724		7. Name and Address of New Registered Agent Name Rodriguez, Jesus Street Address (P.O. Box Number is Not Acceptable) 1060 East Industrial Drive Suite #N City Orange City FL Zip Code 32763	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JESUS 1401 FLIGHTLINE BLVD #7 DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rodriguez, Jesus 1343 Wildberry Ln Deltona, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <small>Address</small>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, NIVEA M 1401 FLIGHTLINE BLVD #7 DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rodriguez, Nivea M 1343 Wildberry Ln Deltona, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <small>Address</small>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Nivea M. Rodriguez 2/15/07 386-775-9967 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			