## FILED Mar 28, 2008 8:00 am Secretary of State 03-28-2008 90031 020 \*\*\*158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0500004  1. Entity Name JNC DISTRIBUTORS INC.	<b>1</b> 2550		3
Principal Place of Business 1060 E. INDUSTRIAL DR. STE N ORANGE CITY, FL 32763	Mailing Address 1060 E. INDUSTRIAL DR. STE N ORANGE CITY, FL 32763		40053457
2. Principal Place of Business - No P.O. Box # 1060 E Industrial Dr Suite, Apt. #, etc. Suite # C	3. Mailing Address 1060 E. Indu Suite, Apt. #, etc. Suite # C	strial Dr.	01302008 Chg-P CR2E034 (12/05)
City & State Orange City / Florida Zip Country 32763	City & State Orange City Zip 32763	/Florida Country	4. FEI Number Applied For Not Applied For Not Applied For Status Desired S. Certificate of Status Desired Required
6. Name and Address of Curre RODRIGUEZ, JESUS 1060 E. INDUSTRIAL DR. STE N ORANGE CITY, FL 32763	nt Registered Agent	Street Address Street Address Suite City	7. Name and Address of New Registered Agent  SUS RODIGUEZ  S (F.O. Box Number is Not Acceptable)  E. Industrial Dr.  ## C  Industrial Dr.  FL Zip Code  2007/3
8. The above named entity submits this statemen the obligations of registered agent.  SIGNATURE LL Spendie, typed or orbited in an of registered agent.	Nivea M.	egistered office or regist Rodriguez Registered Apul signature requir	red when reinstating)  noted agent, or both, in the State of Florida. I am familiar with, and accept 3/25/08  DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$55	9. Election Campaign Trust Fund Contrib		5.00 May Be dded to Fees
TITLE D. RODRIGUEZ, JESUS STREET ADDRESS 1343 WILDBERRY LN CITY-ST-ZIP DELTONA, FL 32725	ND DIRECTORS  Delete	11.  IITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME RODRIGUEZ, NIVEA M STREET ADDRESS 1343 WILDBERRY LN CITY-ST-ZIP DELTONA, FL 32725\	☐ Detere	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Charge ☐ AddHoñ
TITLE NAMF STREET ADDRESS CITY-SI-24P	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	C) Dellete	. TITLE NAME STREET ADDRESS CHY-ST- 2:P	☐ Change ☐ Addrilon
NAME STREET ADDRESS CITY-S1-ZIP	□ Delète	TITLE NAME STREET ADDRESS CITY-ST-24P	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Changē □ Addition
indicated on this report or supplemental repor	t is true and accurate and that my spowered to execute this report as s, with all other like empowered.	signature shall have the required by Chapter 60	ed in Chapter 119, Florida Statutes. I lurther certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if