

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90213 032 ***150.00

DOCUMENT # P05000093683 1. Entity Name JTC EVENT & TENT RENTAL CORP.					
Principal Place of Business 3802 RIDGEWOOD DRIVE PALM BEACH GARDENS, FL 33403			Mailing Address 3802 RIDGEWOOD DRIVE PALM BEACH GARDENS, FL 33403		
2. Principal Place of Business 2600 EXUMA ROAD		3. Mailing Address 2600 EXUMA ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 20-3196414	
Zip 33406		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY STE 300 TAMPA, FL 33637-2087			7. Name and Address of New Registered Agent Name MICHAEL GADDONI Street Address (P.O. Box Number is Not Acceptable) 2600 EXUMA ROAD City WEST PALM BEACH FL 33406		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <input type="checkbox"/> Delete SADLER, JOSEPH 3802 RIDGEWOOD DRIVE PALM BEACH GARDENS, FL 33403		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, PRES., SECY. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME CHANGE OF TITLE ONLY SAME SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GADDONI, MICHAEL 1002 WATERVIEW DRIVE PALM SPRINGS, FL 33461		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D., V.P., TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME CHANGE OF TITLE ONLY SAME SAME	
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	
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	
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	
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: <i>Michael Gaddoni</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/06 <small>Date</small>		
			(561) 881-8186 <small>Daytime Phone #</small>		