

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000158336

1. Entity Name
J.C. EMERALD ACRES, INC.



Principal Place of Business

3520 34TH AVE SE
NAPLES, FL 34117

Mailing Address

3520 34TH AVE SE
NAPLES, FL 34117

DO NOT WRITE IN THIS SPACE

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08292008 No Chg-P CR2E034 (11/05)

4. FEI Number

83-0441476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PEREZ, JUAN C
3520 34TH AVE SE
NAPLES, FL 34117

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when renewing)

U000000958787

09/03/08 00002 018 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITLE	P
NAME	PEREZ, JUAN C
STREET ADDRESS	3520 34TH AVE SE
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	S
NAME	HERNANDEZ, MAXIMO
STREET ADDRESS	1775 GOLDEN GATE BLVD.W
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-29-08 (239)353-9501

Date

Daytime Phone #