

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000003836

1. Entity Name
JCJ CONSULTING & DEVELOPMENT, INC.



Principal Place of Business
**4680 LIPSCOMB ST. NE SUITE 5E
PALM BAY, FL 32905**

Mailing Address
**4680 LIPSCOMB ST. NE SUITE 5E
PALM BAY, FL 32905**



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4321060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHAPMAN, JIMMY R JR.
4680 LIPSCOMB STREET NE
SUITE 5-E
PALM BAY, FL 32905**

**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]*
Signature, typed or printed name of registered agent and title, if applicable

president
(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 30, 2008

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAPMAN, JIMMY R JR.
STREET ADDRESS	305 BARTON AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	VP
NAME	CHAPMAN, TAMELA HUDSON
STREET ADDRESS	305 BARTON AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	T
NAME	CHAPMAN, JAMES H
STREET ADDRESS	1225 ASHLEY WAY
CITY-ST-ZIP	ROCKY MOUNT, NC 27804
TITLE	S
NAME	CHAPMAN, CHRISTOPHER N
STREET ADDRESS	3996 SNOWY EGRET DRIVE
CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/13/08-80039-015 150.00

**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:

Jimmy R. Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30, 08 (321) 728-9018
Date Daytime Phone #