2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000022457

Entity Name: JC'S DELIGHTS, INC.

Address:

City-St-Zip:

401 ABBINGDON PL

JACKSONVILLE, FL 32225

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14214 TILLANDSIA WAY ASTATULA, FL 34705 **Current Mailing Address: New Mailing Address:** 14214 TILLANDSIA WAY ASTATULA, FL 34705 FEI Number: 20-4194214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEASLEY, DONALD BEASLEY, DONALD A 14214 TILLANDISIA WAY 14214 TILLANDISIA WAY ASTATULA, FL 34705 ASTATULA, FL 34705 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. SIGNATURE: DONALD A. BEASLEY 04/27/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BEASLEY, JANET L Name: Name: 14214 TILLANDSIA WAY Address: Address: City-St-Zip: ASTATULA, FL 34705 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: YOUNG, CHARLES L Name: 14208 TILLANDSIA WAY Address: Address: ASTATULA, FL 34705 City-St-Zip: City-St-Zip: Title: Title: TRES () Delete () Change () Addition ADKINS, DENA Name: Name: 20902 67TH AVE Address: Address: City-St-Zip: ARLINGTON, WA 98223 City-St-Zip: Title: SEC () Delete Title: () Change () Addition PRESTON, PATTY A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JANET L. BEASLEY PD 04/27/2009