

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-23-2007 90033 049 ***150.00

DOCUMENT # P06000053901 1. Entity Name JCP ENTERPRISES INTERNATIONAL, INC.			
Principal Place of Business 2198 MAIN STREET SARASOTA, FL 34237 FL		Mailing Address 2198 MAIN STREET SARASOTA, FL 34237 FL	
2. Principal Place of Business - No P.O. Box # 14213 SUNDIAL PLACE Suite, Apt. #, etc.		3. Mailing Address 14213 SUNDIAL PLACE Suite, Apt. #, etc.	
City & State BRADENTON FL		City & State BRADENTON FL	
Zip 34202		Zip 34202	
Country USA		Country USA	
4. FEI Number 204700950		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETER J. JAENSCH IMMIGRATION LAW FIRM, PA 2198 MAIN STREET SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PIERCE, JAMIE ☒ Delete STREET ADDRESS 4805 GULF OF MEXICO DRIVE CITY- ST- ZIP LONGBOAT KEY, FL 34228	TITLE PRESIDENT ☒ Change ☐ Addition NAME JAMIE PIERCE STREET ADDRESS 14213 SUNDIAL PLACE CITY- ST- ZIP BRADENTON FL 34202		
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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		2/19/07 961 301 9899 DATE	