

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90047 040 ***150.00

DOCUMENT # P06000107628 1. Entity Name JCS BUSINESS CONSULTING, INC.					
Principal Place of Business 2796 NE 22ND AVENUE LIGHTHOUSE POINT, FL 33064			Mailing Address 2796 NE 22ND AVENUE LIGHTHOUSE POINT, FL 33064		
2. Principal Place of Business - No P.O. Box # 2436 N. Federal Hwy		3. Mailing Address 2436 N. Federal Hwy			
Suite, Apt. #, etc. 347		Suite, Apt. #, etc. 347			
City & State Lighthouse Point, FL		City & State Lighthouse Point, FL		4. FEI Number 20-5386484	
Zip 33064		Country USA		Zip 33064	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BISHINS, LARRY V 4548 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SCHUMM, JUSTIN 2796 NE 22ND AVENUE LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/2/07 Daytime Phone # 954.946.1916		