

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-02-2007 90037 019 ***150.00

07-30-2007 90066 003 ***408.75

DOCUMENT # P06000109441			
1. Entity Name J&C ENTERPRISES DUO CORP			
Principal Place of Business 11833 HICKORYNUT DRIVE TAMPA, FL 33625 US		Mailing Address 11833 HICKORYNUT DRIVE TAMPA, FL 33625 US	
2. Principal Place of Business - No P.O. Box 11833 HICKORYNUT DR		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City, State Tampa FL		City & State	
Zip 33625	Country USA	Zip	Country
4. FEI Number 64-8955521		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTILLO, TONY SR 130 SONCREST DRIVE SAFETY HARBOR, FL 34695		7. Name and Address of New Registered Agent Name Same 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: TONY CASTILLO DATE: 6/26/07 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P RUIZ, CARLOS I 11833 HICKORYNUT DRIVE TAMPA, FL 33625 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRANZA, JORGE A 11833 HICKORYNUT DRIVE TAMPA, FL 33625 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUIZ, BLANCA C 11833 HICKORYNUT DRIVE TAMPA, FL 33625 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUIZ, LIBY A 11833 HICKORYNUT DRIVE TAMPA, FL 33625 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: JORGE CARRANZA		Date: 6/26/07 Daytime Phone #: 813-376-6046	

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