2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037048

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED Jan 05, 2008 Secretary of State

Entity Name: JAY PAUL PRODUCTIONS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
7420 PENZANCE BLVD. # 5010 FORT MYERS, FL 33966	
Current Mailing Address:	New Mailing Address:
7420 PENZANCE BLVD. # 5010 FORT MYERS, FL 33966	
FEI Number: 20-8974489 FEI Number Applied For () FEI Number	nber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
ALIUCCI, JOHN 7420 PENZANCE BLVD. # 5010 FORT MEYERS, FL 33966 US	ALIUCCI, JOHN P CHM. 7420 PENZANCE BLVD. # 5010 FORT MEYERS, FL 33966 US
The above named entity submits this statement for the purpose of in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: JOHN P ALIUCCI	01/05/2008
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: ALIUCCI, JOHN Address: 7420 PENZANCE BLVD. #5010 City-St-Zip: FORT MEYERS, FL 33966	Title: CHM. (X) Change () Addition Name: ALIUCCI, JOHN P CHM. Address: 7420 PENZANCE BLVD. #5010 City-St-Zip: FORT MEYERS, FL 33966
Title: () Delete Name: Address: City-St-Zip:	Title: SEC. () Change (X) Addition Name: ALIUCCI, JAMES M SEC. Address: 513 S. GEORGE ST. City-St-Zip: CHARLES TOWN, WV 25414

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.

Title:

Name:

Address:

City-St-Zip:

TREA

ALIUCCI, JAMIE M TREAS.

CHARLES TOWN, WV 25414

110 BLAKELY PLACE

() Change (X) Addition

SIGNATURE: JOHN P ALIUCCI CHM. 01/05/2008