2013 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P12000076445

1. Entity Name
JCC JR, INC.

FILED
13 APR 27 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2413 SONOMA DRIVE WEST NOKOMIS, FL 34275	2413 SONOMA DRIVE WEST NOKOMIS, FL 34275

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

10172013 Chg P CR2E034 (12/11)

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMP, JERRY
2413 SONOMA DRIVE WEST
NOKOMIS, FL 34275

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 ________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 27, 2013

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 CAMP, JERRY 2413 SONOMA DRIVE WEST NOKOMIS, FL 34275	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300253370203 10/30/13--01029--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMP, TAMMY 2413 SONOMA DRIVE WEST NOKOMIS, FL 34275	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: ________ 10/18/13 Jcamp1011@aol.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE | E-MAIL ADDRESS

Corporations Payments Tools Activity rvarnadore

Information

Annual Report Filing History

Search By Document ID

p12000076445

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Session

Transaction ID	Description	Filing Stage
p12000076445-375ded56-bd78-438a-926e-1fbfa3eba60a	Session file for p12000076445 with last modified date of 4/27/2013 2:09:43 PM Eastern Standard Time	PaymentPage
p12000076445-94c57efd-ae5c-404a-987c-0e5fd7358f2d	Session file for p12000076445 with last modified date of 4/27/2013 2:25:23 PM Eastern Standard Time	Edit

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
p12000076445-375ded56-bd78-438a-926e-1fbfa3eba60a	P12000076445	150	0	4/27/2013 2:09:44 PM