

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000058155

1. Entity Name  
J.C. CLASSICS, INC.



Principal Place of Business  
12201 US 19 NORTH  
BAYONET POINT, FL 34667 US

Mailing Address  
12201 US 19 NORTH  
BAYONET POINT, FL 34667 US

FILED

2007 NOV 13 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

07312007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3199042

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEEG, CHARLES  
12201 U.S. 19 NORTH  
BAYONET POINT, FL 34667

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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 14, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BELLONE, JOANN
STREET ADDRESS	12201 US 19 NORTH
CITY-ST-ZIP	BAYONET POINT, FL 34667
TITLE	DVP
NAME	DEEG, CHARLES III
STREET ADDRESS	12201 US 19
CITY-ST-ZIP	BAYONET POINT, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500109898255  
09/25/07--01039--013 \*\*550.00

500109898255  
11/21/07--01031--002 \*\*200.00

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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:

*C. Deeg* Charles Deeg

9-18-07 727 869.7455

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/07