

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90022 010 ***158.75

DOCUMENT # P95000020775

1. Entity Name
J C HOUSING, INCORPORATED



Principal Place of Business
**P O BOX 369
BONITA SPRINGS, FL 34133 US**

Mailing Address
**P O BOX 369
BONITA SPRINGS, FL 34133 US**

40114683



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0561592

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~ERDMAN, GREG~~ **Charles J. Erdman, Jr.**
**3645 BONITA BEACH RD
STE 3
BONITA SPRINGS, FL 34134**

**DO NOT WRITE
IN THIS SPACE**

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

4/30/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | D |
| NAME | ERDMAN, CHARLES J JR |
| STREET ADDRESS | P O BOX 369 N/A |
| CITY-ST-ZIP | BONITA SPRINGS, FL |
| TITLE | D |
| NAME | ERDMAN, GREG |
| STREET ADDRESS | P O BOX 369 N/A |
| CITY-ST-ZIP | BONITA SPRINGS, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

Delete

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07