

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

DOCUMENT # P96000065712

1. Entity Name

JC MASTER ERECTOR, INC.



03-24-2004 90292 001 ***150.00
03-24-2004 90292 002 *****8.75

Principal Place of Business

Mailing Address

3313 S.E. 3RD STREET
POMPAHO BEACH FL 33062

3313 S.E. 3RD STREET
POMPAHO BEACH FL 33062

66407689



MOORE CR2E034 (11/03)

2. Principal Place of Business

2220 NE 25TH. AVE.

3. Mailing Address

2220 NE 25TH. AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POM PAHO BEACH

City & State

POM PAHO BEACH

4. FEI Number

65-0684856

Applied For

Not Applicable

Zip

33062

Country

Zip

33062

Country

FLORIDA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JEAN CLAUDE ROY

Street Address (P.O. Box Number is Not Acceptable)

2220 NE, 25TH. AVENUE

City

POM PAHO BEACH

FL

Zip Code

33062

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.

(If not Registered Agent signature required when reinstating)

3/20/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 D ☐ Delete
NAME ROY, JEAN-CLAUDE
STREET ADDRESS 3313 S.E. 3RD STREET
CITY-ST-ZIP POMPAHO BEACH FL 33062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

JEAN CLAUDE ROY

3/20/04 (954) 214-4837

Date

Daytime Phone #