

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90204 033 ***150.00

DOCUMENT # P97000074840

1. Entity Name
JEC ASSOCIATES, INC.



Principal Place of Business:

6000 SW 18TH STREET
#104
BOCA RATON, FL 33433

Mailng Address:

6000 SW 18TH STREET
#104
BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE



00000000 No Chg-P 050504 (10/03)

3. FFI Number: 05-1488210

4. Confirmed Minutes/Board: ☐ \$8.75 Additional Fee: Required

5. Name and Address of Current Registered Agent:

CIANFRINI, CHERYL
771 NE 32ND ST.
BOCA RATON, FL 33441

**DO NOT WRITE
IN THIS SPACE**

6. This document is submitted to the Secretary of State for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am submitting this document with the required fee and the required registered agent.

SIGNATURE:

(Signature of person or entity submitting this document must be signed and witnessed)

(If the document is submitted by a corporation, the signature must be signed and witnessed)

DATE:

FILE WITHIN FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

7. Florida Campaign Finance
Trust Fund Contribution: ☐ \$3.00 May Be
Assessed: Yes

12. I hereby certify that the information supplied with this filing is true and correct for the information stated in Section 190.07(1)(a), Florida Statutes. I further certify that the information

NAME: CIANFRINI, CHERYL
MAILING ADDRESS: 771 NE 32ND ST.
CITY OF FL: BOCA RATON, FL 33441
NAME:
MAILING ADDRESS:
CITY OF FL:
NAME:
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CITY OF FL:
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CITY OF FL:

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing is true and correct for the information stated in Section 190.07(1)(a), Florida Statutes. I further certify that the information submitted on this report is complete and correct to the best of my knowledge, and that my signature shall have the same legal effect as if I were personally signing the document. I am submitting this document with the required fee and the required registered agent.

SIGNATURE:

(Signature of person or entity submitting this document must be signed and witnessed)

DATE:

DATE: