

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000076625

Entity Name: JCT ASSOCIATES, INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2418 US HIGHWAY 19  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

2418 US HIGHWAY 19  
HOLIDAY, FL 34691

**New Mailing Address:**

13315 CARNOUSTIE CIR  
DADE CITY, FL 33525

FEI Number: 59-3471560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TASSILLO, JOAN  
2418 U.S. HWY. 19  
HOLIDAY, FL 34691 US

**Name and Address of New Registered Agent:**

TASSILLO, JOAN  
13315 CARNOUSTIE CIR  
DADE CITY, FL 33525 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TASSILLO, JOAN  
Address: 13315 CARNOUSTIE CIR  
City-St-Zip: DADE CITY, FL 33525

Title: V  
Name: TASSILLO, CHARLES M.  
Address: 13315 CARNOUSTIE CIR  
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES M TASSILLO

V

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date