

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000087070

1. Entity Name  
JFC COMMUNICATIONS, INC.



Principal Place of Business  
4800 DELLWOOD AVENUE  
JACKSONVILLE, FL 32205

Mailing Address  
4800 DELLWOOD AVENUE  
JACKSONVILLE, FL 32205



04012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3478006

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FISHER, THOMAS M  
4800 DELLWOOD AVENUE  
JACKSONVILLE, FL 32205

**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

*Thomas M. Fisher*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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 JOHNS, TERESA  
STREET ADDRESS 4800 DELLWOOD AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE D  
NAME JOHNS, A.J.  
STREET ADDRESS 4800 DELLWOOD AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE D  
NAME FISHER, THOMAS M  
STREET ADDRESS 4800 DELLWOOD AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE D  
NAME CARTER, ELAINE JONES  
STREET ADDRESS 4800 DELLWOOD AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000368106  
05/24/05-80004-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Thomas M. Fisher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/05 904-384-1270

Date

Daytime Phone #