


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000095614</b> 1. Entity Name <b>MJC CONSULTANTS INC.</b>	
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Principal Place of Business <b>101 OVERLOOK DR. PONTE VEDRA BEACH, FL 32082</b>	Mailing Address <b>101 OVERLOOK DR. PONTE VEDRA BEACH, FL 32082</b>
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01202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3542197</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

SMITH, PARKER B  
13000 SAWGRASS VILLAGE CIRCLE  
SUITE 34  
PONTE VEDRA BEACH, FL 32082

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CELLUCCI, MARY JANE A
STREET ADDRESS	101 OVERLOOK DR
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	TD
NAME	CELLUCCI, JOHN A
STREET ADDRESS	101 OVERLOOK DR
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/08-80036-021 150.00

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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: John A Cellucci *John A Cellucci* 1-21-08 904-285-8963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #