

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

08 NOV 14 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102008 Chg-P CR2E034 (12/06)

DOCUMENT # P98000105573					
1. Entity Name JC ENTERPRISES INTERNATIONAL, INC.					
Principal Place of Business 707 W DR MLK JR BLVD SEFFNER, FL 33584			Mailing Address 707 W DR MLK JR BLVD SEFFNER, FL 33584		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3547552	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DONNELLY, SEAN V ESQ. 601 NORTH LOIS AVENUE TAMPA, FL 33609			7. Name and Address of New Registered Agent Name THOMAS J. GALLO Street Address (P.O. Box Number is Not Acceptable) 1418 BLOOMINGDALE AVE. City VALRICO FL Zip Code 33596		
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 <i>Thomas J. Gallo</i> DATE 11/10/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUSE, HEIDI F 707 W DR MLK JR BLVD SEFFNER, FL 33584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P HEIDI F. CROUSE 707 W. MARTIN LUTHER KING, JR. BLVD. SEFFNER, FL. 33584 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSP MILLER, JR, RANDAL L 707 DR MLK JR BLVD SEFFNER, FL 33584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIMOTHY W. KAYE 707 W. MARTIN LUTHER KING, JR. BLVD SEFFNER, FL 33584 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300137919643 11/14/08--01013--007 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Heidi F. Crouse</i>			11/10/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		