

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90085 031 ***150.00

DOCUMENT # P99000008355

1. Entity Name
JCJ VENTURES OF PINELLAS COUNTY, INC.



Principal Place of Business
119 BOARDWALK PL W
MADEIRA BEACH, FL 33708

Mailing Address
7365 ROSETREE PL. W.
SEMINOLE, FL 33772

DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3570255

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BATES, CAROL
7365 ROSETREE PL W
SEMINOLE, FL 33772

**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 _____

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

(NOTE: Registered Agent signature required when remitting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BATES, CAROL 7365 ROSETREE PL. W. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-07

Date

727-418-5363

Daytime Phone #