


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000018212</b>	
1. Entity Name J.C. COMMUNICATIONS, INC.	

Principal Place of Business 925 S. SEMORAN BLVD. SUITE 108 WINTER PARK, FL 32792	Mailing Address 925 S. SEMORAN BLVD. SUITE 108 WINTER PARK, FL 32792
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DO NOT WRITE IN THIS SPACE



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3562751</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CASTIGLIONE, JOE  
925 S. SEMORAN BLVD.  
SUITE 108  
WINTER PARK, FL 32792

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTIGLIONE, JOE 925 S. SEMORAN BLVD. SUITE 108 WINTER PARK, FL 32792
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U00000369891  
06/30/05-80002-016 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 6/28/05	Daytime Phone # 407-657-2351
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