


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000018212 1. Entity Name J.C. COMMUNICATIONS, INC. |  |
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| 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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02082007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3562751 | Applied For Not Applicable |
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent CASTIGLIONE, JOE 925 S. SEMORAN BLVD. SUITE 108 WINTER PARK, FL 32792 |
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**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 reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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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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03/02/07-80014-021 158.75

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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

2/19/07 407-657-2351
Date Daytime Phone #