


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # V46150 1. Entity Name JCPK, INC.	
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Principal Place of Business 10515 GANDY BLVD ST. PETERSBURG, FL 33702 US	Mailing Address 10515 GANDY BLVD. N. ST PETERBURG, FL 37702 US
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3134586	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KENRICK, JAMES C. 10515 GANDY BLVD ST PETERSBURG, FL 33702	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 KENRICK, JAMES C. 10515 GANDY BLVD ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENRICK, JODY 1421 8TH ST N ST. PETERSBURG, FL
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03/16/05-80006-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James C. Kenrick 3/10/05 727 576-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #