

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000013087

**Entity Name:** JFC FOR YOU INC

**Current Principal Place of Business:**

2621 CEDAR BLUFF LANE  
OCOEE, FL 34761

**Current Mailing Address:**

2621 CEDAR BLUFF LANE  
OCOEE, FL 34761

**FEI Number:** 87-1826175

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CAMILLE ROBB  
2621 CEDAR BLUFF LANE  
OCOEE, FL 34761 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name ROBB, CAMILLE  
Address 2621 CEDAR BLUFF LANE  
City-State-Zip: OCOEE FL 34761

Title VPD  
Name ROBB, ALBERT  
Address 2621 CEDAR BLUFF LANE  
City-State-Zip: OCOEE FL 34761

Title SD  
Name NIZAM, NIMRA  
Address 2621 CEDAR BLUFF LANE  
City-State-Zip: OCOEE FL 34761

Title TD  
Name NELSON, BYRON  
Address 2621 CEDAR BLUFF LANE  
City-State-Zip: OCOEE FL 34761

Title ELDER  
Name ROSS, DOROTHY  
Address 2621 CEDAR BLUFF LANE  
City-State-Zip: OCOEE FL 34761

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAMILLE ROBB

**CEO/FOUNDER**

**04/28/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date