

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000005260

1. Entity Name
JHM ENTERPRISES, INC. (SOUTH CAROLINA)



Principal Place of Business
**RIVERSIDE OFFICE PARK
STE 3B & 3G
GREENVILLE, SC 29607 US**

Mailing Address
**PO BOX 8375
GREENVILLE, SC 29604**



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-0671814

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CUROTTO, DON
C/O WELLS, ALLEN, LONG & MORRISON, P.A.
340 NORTH ORANGE AVENUE
ORLANDO, FL 32802**

**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 restate.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**PD
RAMA, JAYANTI P
306 HENDERSON ROAD
GREENVILLE, SC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
RAMA, HASMUKH P
306 HENDERSON ROAD
GREENVILLE, SC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
RAMA, MANHAR P
1 HERMOSA COURT
GREER, SC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ASTS
RAMA, RAMAN P
4 RUGOSA WAY
GREER, SC 29650**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000098329
03/29/04-80036-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #