

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000005260

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



Principal Place of Business
**60 POINTE CIRCLE
GREENVILLE, SC 29615 US**

Mailing Address
**60 POINTE CIRCLE
GREENVILLE, SC 29615 US**



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-0671814

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CUROTTO, DON
C/O SHUTTS & BAUEN
300 S ORANGE AVE, STE 1000
ORLANDO, FL 32801**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RAMA, JAYANTI P
STREET ADDRESS 60 POINTE CIRCLE
CITY-ST-ZIP GREENVILLE, SC 29615

TITLE CD
NAME RAMA, HASMUKH P
STREET ADDRESS 60 POINTE CIRCLE
CITY-ST-ZIP GREENVILLE, SC 29615

TITLE SD
NAME RAMA, MANHAR P
STREET ADDRESS 60 POINTE CIRCLE
CITY-ST-ZIP GREENVILLE, SC 29615

TITLE AS
NAME RAMA, RAMAN P
STREET ADDRESS 60 POINTE CIRCLE
CITY-ST-ZIP GREENVILLE, SC 29615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000881346
04/15/08-80097-006 150.00

**DO NOT WRITE
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

4/1/08 864 2329444

Date

Daytime Phone #