


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State


DOCUMENT # F98000007126

1. Entity Name
J.P. NEWCO., INC.



Principal Place of Business 7239 PINEVILLE MATTHEWS ROAD SUITE 100 CHARLOTTE, NC 28226	Mailing Address 7239 PINEVILLE MATTHEWS ROAD SUITE 100 CHARLOTTE, NC 28226
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1480672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

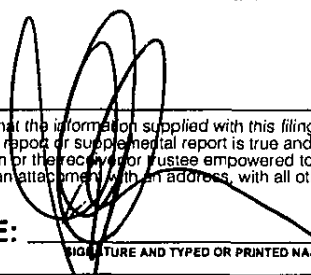
U000000776504
 01/09/08-80026-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO LAWRENCE, YANIQUE 1302 WAUGH DRI, #412 HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LAWRENCE, YANIQUE 7239 PINEVILLE MATTHEWS ROAD, SUITE 100 CHARLOTTE, NC 28226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUTHERLAND, PATRICK 7239 PINEVILLE MATTHEWS ROAD, STE: 100 CHARLOTTE, NC 28226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP JONES, MICHAEL 7239 PINEVILLE MATTHEWS ROAD, STE. 100 CHARLOTTE, NC 28226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 recipient 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: **1/4/08** Daytime Phone #: **704-542-8805**