

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # G83856	
1. Entity Name JME REALTY COMPANY	
	
Principal Place of Business 127 PALAFOX PLACE, STE 200 PENSACOLA, FL 32502	Mailing Address 127 PALAFOX PLACE, STE 200 PENSACOLA, FL 32502



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2383385	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ENDRY, JOSEPH M
127 PALAFOX PLACE, SUITE 200
PENSACOLA, FL 32502**

**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**

U000000632280
02/27/08-80053-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ENDRY, JOSEPH M.
STREET ADDRESS	4403 SOUNDSIDE DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32563

TITLE	V
NAME	FITZGERALD, JOHN H
STREET ADDRESS	4030 ROMMITCH LN
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #

2/14/08