

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90039 047 ***150.00

DOCUMENT # 326444

1. Entity Name

JOLMY ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~4751 S.W. 30TH ST.~~
~~FT LAUDERDALE FL 33314~~
2147 MONTPELIER
WESTON, FL 33326

2147 MONTPELIER
WESTON FL 33326

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0829742

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS (WILLIAM E)
~~4751 S.W. 30TH ST.~~
~~FT LAUDERDALE FL 33314~~
2147 MONTPELIER
WESTON, FL 33326

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MYERS, WILLIAM E
STREET ADDRESS ~~4751 S.W. 30TH ST.~~
CITY - ST - ZIP ~~FT LAUDERDALE FL~~

☐ Delete

TITLE
NAME
STREET ADDRESS **2147 MONTPELIER**
CITY - ST - ZIP **WESTON, FL 33326**

☒ Change ☐ Addition

TITLE SD
NAME CLEMENTS, SYLVIA
STREET ADDRESS ~~4751 S.W. 30TH ST.~~
CITY - ST - ZIP ~~FT LAUDERDALE FL~~

☐ Delete

TITLE
NAME
STREET ADDRESS **2147 MONTPELIER**
CITY - ST - ZIP **WESTON, FL 33326**

☒ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sylvia F. Clements Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SYLVIA F. CLEMENTS Sec

3/29/07 (954) 389-4744
Date Daytime Phone #