2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 558073

Address:

City-St-Zip:

3433 KILMARNOCK DRIVE

APOPKA, FL 32712

FILED Apr 10, 2007 Secretary of State

Entity Nan	ne: JBMA	THEWS COMPANY						
Current Principal Place of Business:				New Principal Place of Business:				
2036 APEX APOPKA, F		US						
Current Mailing Address:				New Mailing Address:				
425 S. HUN #2001 APOPKA, F	NT CLUB BL FL 32703	.VD. US						
FEI Number:		FEI Number Applied F	or () FEI Nu	mber Not App	licable ()	Certificate	of Status Desire	ed ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
MATHEWS, JOHN S 425 S. HUNT CLUB BLVD. #2001 APOPKA, FL 32703 US				DOZIER, PHIL 48 E. MAIN STREET APOPKA, FL 32704 US				
The above in the State		y submits this statemen	t for the purpose o	of changing i	its registere	d office or reg	jistered agent,	or both,
SIGNATURE: PHIL DOZIER						04/	10/2007	
	Electr	onic Signature of Regis	ered Agent			Da	ate	
Election Carr	npaign Financ	ing Trust Fund Contributio	n ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P MATHEWS, ' 6161 ALBET ORLANDO, F	H ROAD		Title: Name: Address: City-St-Zip:		() Change ()	Addition	
Title: Name: Address: City-St-Zip:	VP MATHEWS, 516 HEBRID APOPKA, FL	ES COURT		Title: Name: Address: City-St-Zip:	EXVP MATHEWS, 516 HEBRII APOPKA, F	DES COURT	Addition	
Title: Name: Address: City-St-Zip:	S/T SMITH, ERIK 2022 BENT (APOPKA, FL	DAK DRIVE		Title: Name: Address: City-St-Zip:		() Change ()	Addition	
Title: Name:	VP HOBBS, LES	() Delete		Title: Name:		() Change ()	Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ERIKA ROSE SMITH SEC 04/10/2007