

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90075 010 ***150.00

DOCUMENT # 596013

1. Entity Name
JME, INC.



Principal Place of Business

**100 NORTH STARCREST DRIVE
POST OFFICE BOX 5165
CLEARWATER, FL 33765**

Mailing Address

**100 NORTH STARCREST DRIVE
POST OFFICE BOX 5165
CLEARWATER, FL 33758**

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

01112008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1880108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARSHALL, E B
100 NORTH STARCREST DRIVE
CLEARWATER, FL 33765**

7. Name and Address of New Registered Agent

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, 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 ☒ Delete
NAME SWANN, JAMES T
STREET ADDRESS 100 NORTH STARCREST DRIVE
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE D ☒ Delete
NAME CLARK, JOSEPH W
STREET ADDRESS 100 NORTH STARCREST DRIVE
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE D ☐ Delete
NAME SMOUT, L.R.
STREET ADDRESS 100 NORTH STARCREST DRIVE
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME E. B. Marshall
STREET ADDRESS 100 N. Starcrest Dr
CITY-ST-ZIP Clearwater, FL 33765

TITLE VP D ☐ Change ☒ Addition
NAME Wendye A. Montgomery
STREET ADDRESS 100 N. Starcrest Dr.
CITY-ST-ZIP Clearwater, FL 33765

TITLE DST ☒ Change ☐ Addition
NAME smout, L.R.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

E. B. Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08 (727) 461-1524

Date

Daytime Phone #