

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000002555

1. Entity Name
J & M, INC. OF CONWAY



Principal Place of Business
**112 PARKLAND DRIVE
LAKE PLACID, FL 33852**

Mailing Address
**PO BOX 404
VENUS, FL 33960 US**

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number
57-0818269

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAUSEY, MARGARET H
112 PARKLAND DRIVE
LAKE PLACID, FL 33852**

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
CAUSEY, MARGARET H
112 PARKLAND DRIVE
LAKE PLACID, FL 33852**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
GAUSE, PAUL D JR
3188 OLD NELSON ROAD
CONWAY, SC 29526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPRE
GAUSE, PAUL D JR
3188 OLD NELSON ROAD
CONWAY, SC 29526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPRE
CAUSEY, DAVID Y
721 DRAGOON DRIVE
MT. PLEASANT, SC 29464**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRES
CAUSEY, DAVID Y
721 DRAGOON DRIVE
MT. PLEASANT, SC 29464**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000789475
01/22/08-80027-005 150.00

**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 #

01-04-08 843-241-4549