

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000006327

1. Entity Name
JWM ENGINEERING, INC.



Principal Place of Business

215 E. 6TH STREET
LIVERNE, AL 36049

Mailing Address

P.O. BOX 309
LIVERNE, AL 36049



02292008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1101202

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

U000000906008
05/02/08-80005-007 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME TATE, JAMES M
STREET ADDRESS P.O. BOX 201
CITY-ST-ZIP LIVERNE, AL 36049

TITLE DST
NAME TATE, ANN W
STREET ADDRESS P.O. BOX 201
CITY-ST-ZIP LIVERNE, FL 36049

TITLE P
NAME TATE, MORRIS
STREET ADDRESS P.O. BOX 201
CITY-ST-ZIP LIVERNE, AL 36049

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Tate 4/16/08 334-335-3888

Date

Daytime Phone #