

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F34406

1. Entity Name
J.P.A. ASSOCIATES, INCORPORATED



Principal Place of Business
521 WEST FORT ISLAND TRAIL
SUITE A
CRYSTAL RIVER, FL 32629

Mailing Address
521 WEST FORT ISLAND TRAIL
SUITE A
CRYSTAL RIVER, FL 32629



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2094206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRIDER, JOHN
521 WEST FORT ISLAND TRAIL
SUITE A
CRYSTAL RIVER, FL 34429

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000622916
02/13/07-80043-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	ARDUS, JAMES
STREET ADDRESS	6 HOLMAN LANE
CITY-ST-ZIP	HAMPTON, NH
TITLE	STD
NAME	ARDUS, PAMELA
STREET ADDRESS	6 HOLMAN LANE
CITY-ST-ZIP	HAMPTON, NH
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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

2/1/07

603-926-8681