2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 05, 2008 08:00 A Secretary of State **DOCUMENT # F42389** 1. Entity Name J. M. FERNANDEZ, INC. Principal Place of Business Mailing Address 811 N. SHORE DR P O BOX 1407 ANNA MARIA, FL 34216 ANNA MARIA, FL 34216-1407 No Chg-P CR2E034 (11/05) 01182008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2122431 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FERNANDEZ, JULIAN M DO NOT WRITE 811 N. SHORE DRIVE ANN MARIA, FL 34216 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE 13 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PD FERNANDEZ, J M NAME U00000847653 03/19/08-80028-020 150.00 STREET ADDRESS P O BOX 1407 ANNA MARIA, FL 34216 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 coeporation 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:

CITY-ST-ZIP

SAATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/20/ar

941-718-4350 Daylime Phone 8

FILED