2008 FOR PROFIT CORPORATION

FILED 00 AN tate

ANNUAL REPORT					May 01, 2008 08: Secretary of St			
1. Entity Nam	ne	930000052 JM COMPANY		b		Šecr	etary of St	
Principal Plac 315 N. ATLA DAYTONA BE		US	Mailing Address 42 S. PENINSULA DR DAYTONA BEACH, FL 32118	US			11 22 11 1 11	*/A
D		WRITE	CE	04282008 No Chg-P CR2E034 (11/05) 4. FEI Number				
3501 SW (6. Name and A E, WILLIAM C CORPORATE P Y, FL 34990-81		DO NOT WRITE IN THIS SPACE					
the obligat	ions of registered a		the purpose of changing its register	red office or register	red agent, or bo	oth, in the State of	Florida, Lami	amiliar with, and accept
SIGNATURE.	Signature, typed or printed	name of registered agent an	d title if applicable (NOTE: Register	ed Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				+-	.00 May Be led to Fees			
10.		OFFICERS AND D	IRECTORS			·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, G 3010 S PENINS DAYTONA BEA VPD CORNELIUS, D 17450 THUNDE JUPITER, FL 3	EULA DRIVE CH, FL 32118 AVID T ER ROAD		-		00 05/28	0000940 208-800	355 84-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		DO	NOT V	VRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN '	THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-SI-ZIP	Carachini de la Carachini de l El Carachini de la Carachini d							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter, 119. Florida Statutes. Infurther 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: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR