

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # F98000007126

1. Entity Name
J.P. NEWCO., INC.



Principal Place of Business
**7239 PINEVILLE MATTHEWS ROAD
SUITE 100
CHARLOTTE, NC 28226**

Mailing Address
**7239 PINEVILLE MATTHEWS ROAD
SUITE 100
CHARLOTTE, NC 28226**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1480672

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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

U000000776504
01/09/08-80026-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	COO
NAME	LAWRENCE, YANIQUE
STREET ADDRESS	1302 WAUGH DRI, #412
CITY- ST- ZIP	HOUSTON, TX 77019
TITLE	TS
NAME	LAWRENCE, YANIQUE
STREET ADDRESS	7239 PINEVILLE MATTHEWS ROAD, SUITE 100
CITY- ST- ZIP	CHARLOTTE, NC 28226
TITLE	P
NAME	SUTHERLAND, PATRICK
STREET ADDRESS	7239 PINEVILLE MATTHEWS ROAD, STE: 100
CITY- ST- ZIP	CHARLOTTE, NC 28226
TITLE	EVP
NAME	JONES, MICHAEL
STREET ADDRESS	7239 PINEVILLE MATTHEWS ROAD, STE. 100
CITY- ST- ZIP	CHARLOTTE, NC 28226
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

1/4/08 704-542-8805
Date Daytime Phone #