## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 14, 2008 08:00 AM Secretary of State

1. Entity Nam	MENT # H36688 JMBING, INC.			Secretary of Sta				f State	
Principal Place 1210 10TH S PO BOX 1229 HOLLY HILL,	STREET	Mailing Address P O BOX 251228 HOLLY HILL, FL 32117-3218							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01182008	Chg-P	CR2E034	(12/06)	
City & State	е	City & State			4. FEI Number         Applied For           59-2504944         Not Applicable				
Zip	Country	Zíp	Coun	try	5. Certificate	of Status Desired		1.75 Addi Required	
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and	Address of New I	Registered Age	ent	
VAN HORI 326 SEAV	NE, NORVAN J IEW AVE				s (P.O. Box Number is Not Acceptable)				
DAYTONA	BEACH, FL 32118					<u></u>			
				City			FL	Zip Code	
	named entity submits this statement ions of registered agent.	for the purpose of changir	ng its register	ed office or registe	ered agent, or bo	oth, in the State of F	orida. I am fan	nitiar with,	and accept
-	ions or registered agent.								
SIGNATURE_	Signature, typed or printed name of registered ag-	ert and little if applicable.	(NOTE: Registere	ed Agen; signature require	ed when reinstating)		DATE		
	E NO <b>W</b> !!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Ca	ampaign Final Contribution,		6.00 May Be ded to Fees	000000 02/22/08-	)828150 -80018-02	21 150	.00
10.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	11.		ADDITIONS	/CHANGES TO OF			
! TITLE NAME STREET ADDRESS CITY-ST-ZIP	12.12.11.12.11.12.11.12.11.12.11.12.11.11			1			Ĺ	] Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	ST Delete TI VAN HORNE, NORVAN J. N. 326 SEAVIEW AVE ST			E ME EET ADDRESS '-ST-ZIP			C	] Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAA Str	l.				] Change	Addition
indicated of the co	certify that the information supplied of on this report or supplemental reportoration or the receiver or trustee er or on an attachment with an address	rt is true and accurate and npowered to execute this r	l that my signa report as requ	ature shall have the	e same legal efte	ct as if made under	oath; that I am	an officer	or director
JONA	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OF	FFICER OR DIREC	TOR		Date	Dayl	rne Phone #	