

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53002

Entity Name: J.P.M. SERVICES, INC.

FILED
Mar 31, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 820210
SOUTH FLORIDA, FL 330820210 US

New Principal Place of Business:

P.O. BOX 820210
SOUTH FLORIDA, FL 330820210 US

Current Mailing Address:

P.O. BOX 820210
SOUTH FLORIDA, FL 330820210 US

New Mailing Address:

P.O. BOX 820210
SOUTH FLORIDA, FL 330820210 US

FEI Number: 59-2797991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, J L
4921 SW 164 TR
SOUTHWEST RANCHES, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VDS () Delete
Name: HOWELL, CARMEN
Address: 4921 SW 164 TR
City-St-Zip: SOUTHWEST RANCES, FL 33331

Title: PD () Delete
Name: HOWELL, JOHNNY L
Address: 4921 SW 164 TR
City-St-Zip: SOUTHWEST RANCHES, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNY HOWELL

PD

03/31/2007

Electronic Signature of Signing Officer or Director

Date