


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L14439 |  |
| 1. Entity Name JMWP ENTERPRISES, INC. | |

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| Principal Place of Business % JOHN M. PLUNKETT 477 SEMINOLE BLVD LARGO FL 33770 US | Mailing Address % JOHN M. PLUNKETT 477 SEMINOLE BLVD LARGO FL 34640 |
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| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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| 1st MOORE | CR2E034 (10/07) |
| 4. FEI Number 65-0147461 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent PLUNKETT, JOHN M. 477 SEMINOLE BLVD LARGO FL 34640 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 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 | DATE |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing. \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/> |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT PLUNKETT, JOHN M 11431 64TH AVE N SEMINOLE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000801023 02/01/08-80001-020 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS PLUNKETT, LYNN M 11431 64TH AVE N SEMINOLE FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. | |
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| SIGNATURE: <i>John M. Plunkett</i> | 1/26/08 (727) 584-4685 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |