

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P00000034890

1. Entity Name
JML BILLING, INC.



Principal Place of Business
8735 JADE COURT
BOYNTON BEACH, FL 33437

Mailing Address
8735 JADE COURT
BOYNTON BEACH, FL 33437



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number
65-1001661

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIN, JEAN
8735 JADE COURT
BOYNTON BEACH, FL 33437

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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 of person or firm named as agent or registered office.

(NOTE: Registered Agent's Signature and address is required.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PSTD
LEWIN, JEAN M
8735 JADE COURT
BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
LEWIN, JEFFREY E
8735 JADE COURT
BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

U000000741899
05/15/07-80047-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:

Jean N. Lewin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.07

561-734-6950

Date

Office Phone