2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000084862

1. Entity Name
JPV INVESTMENT, INC.



FILED Mar 02, 2006 08:00 Al Secretary of State

\$8.75 Additional

Fee Required

Principal Place of Business

110 E REYNOLDS ST SUITE 700 PLANT CITY, FL 33566 Mailing Address

110 E REYNOLDS ST

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SUITE 700

PLANT CITY, FL 33566



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6. Name and Address of Current Registered Agent

VERNER, JOHN V JR 110 E REYNOLDS ST SUITE 700 PLANT CITY, FL 33568

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

	e named entity submits this statement for the p litions of registered agent.	urpose of changing its registered off	ice or r	egistered agent, or bo	oth, in the State of Florids. I am familiar with, and accept
DENTA: UIA.	Signature, typed or printed name of registered agent and title i	Feppicable QAOTE Registered Agent	t signature	r racidized when reinstalling)	DATE
FJL After M	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		and the second second	
TITLE NAME STIREET ADORESS CITY-ST-ZIP	D VERNER, JAMES P 110 E REYNOLDS ST SUITE 700 PLANT CITY, FL 33566				000000454174 03/14/06-80050-018 150.00
TITLE	D		, £ .	روسي کي او ديدونم و کار روم او في	03/14/06-80050-019 150.00
HAME STREFT ADDRESS CITY-ST-ZIP	VERNER, EDWARD M 110 E REYNOLDS 8T SUITE 700 PLANT CITY, FL 33566		,		
TULE HALE STREET ADDRESS CHY-ST-ZIP	D VERNER, JOHN V JR 110 E REYNOLDS ST SUITE 700 PLANT CITY, FL 33566		ummu ga u	DO	NOT WRITE
TIME	D CHEST THE CO			IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-7JP	SHUMP, JAMES R 110 E REYNOLDS ST SUITE 700 PLANT CITY, FL 33568				
TITLE HAME STREET ADDRESS					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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.

RICM ATI IDE	

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

MONATURE AND TYPED ON PRINTED NAME OF BIGHING OF FOR OR DIRECTOR

123/06

Daytime Phone #