


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # PD1000042351 1. Entity Name JPI CORPORATION	
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Principal Place of Business % JAMES L. CASE 2810 E. OAKLAND PK BLVD. #102 FORT LAUDERDALE, FL 33306	Mailing Address % JAMES L. CASE 2810 E. OAKLAND PK BLVD. #102 FORT LAUDERDALE, FL 33306
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04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1103841	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASE, JAMES L 2810 E. OAKLAND PARK BLVD. SUITE 102 FT. LAUDERDALE, FL 33306

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	PSD CASE, JAMES L 2810 E. OAKLAND PARK BLVD. #102 FORT LAUDERDALE, FL 33306
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05/02/07-80021-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07 954-363-1000
Date Daytime Phone #