2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000053358

1. Entity Name

JHM INVESTMENT PROPERTIES, INC.



Principal Place of Business

Mailing Address

209 TOWN CENTER BOULEVARD DAVENPORT, FL 33896

209 TOWN CENTER BOULEVARD DAVENPORT, FL 33896

FILED Jul 16, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07112008 No Chg-P CR2E034 (11/05) .

4. FEI Number Applied For 57-1144279 Not Applied be

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REILLY, FRED ANDREW R. REILLY & ASSOCIATES 95 S. TENTH ST. HAINES CITY, FL 32819-7994 DO NOT WRITE IN THIS SPACE

				· · · · · · · · · · · · · · · · · · ·
	named entity submits this statement for the pions of registered agent.	ourpose of changing its regis	stered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or profed name of registered agent and title if applicable (NOTE: Registered			stered Agent signature required when reinstating)	DATE
	LE NOW!!! FEE IS \$550.00 ue by September 12, 2008	 Election Campaign Finant Fund Contribution 		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D MARLING, JOHN H 209 TOWN CENTER BOULEVARD DAVENPORT, FL 33896	CTORS		- 000000955053 - 07/16/08_80001-005 558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 attationary with an address, with all gither like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIA OR DIRECTOR

7-11-08

407-620-9548

Daytime Phone i