

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000070368

1. Entity Name
JAMAL MOHAMMED INC.



Principal Place of Business
27124 PARATINS DRIVE
PUNTA GORDA, FL 33938

Mailing Address
27124 PARATINS DRIVE
PUNTA GORDA, FL 33938



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0992258

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOHAMMED, JAMAL
27124 PARATINS DRIVE
PUNTA GORDA, FL 33938

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	D
NAME	MOHAMMED, JAMAL
STREET ADDRESS	27124 PARATINS DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33935
TITLE	D
NAME	MOHAMMED, FAZIE S
STREET ADDRESS	27124 PARATINS DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE: FM Fazie Mohammed FAZIE MOHAMMED

3-9-07

941-637-3703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #