


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90055 047 ***158.75

DOCUMENT # P02000018709 1. Entity Name JMI PROPERTIES, INC.			
Principal Place of Business 3818 GUNN HWY., STE. 200 TAMPA, FL 33618		Mailing Address 3818 GUNN HWY., STE. 200 TAMPA, FL 33618	
2. Principal Place of Business - No P.O. Box # 5908 LAND O LAKES BLVD.		3. Mailing Address 5908 LAND O LAKES BLVD.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State LAND O LAKES, FL.		City & State LAND O LAKES, FL.	
Zip 34638		Zip 34638	
Country PASCO		Country PASCO	
4. FEI Number 30-0044762		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKEAGUE, JOHN 3818 GUNN HWY., STE. 200 TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>John McKeague</i></u> PRES. JOHN MCKEAGUE 4-21-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete NAME MCKEAGUE, JOHN STREET ADDRESS 3818 GUNN HWY., STE 200 CITY-ST-ZIP TAMPA, FL 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE ST	<input type="checkbox"/> Delete NAME MCKEAGUE, MARILYN STREET ADDRESS 3818 GUNN HWY., STE 200 CITY-ST-ZIP TAMPA, FL 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE VP	<input type="checkbox"/> Delete NAME IVES, JONATHAN STREET ADDRESS 3818 GUNN HWY., STE 200 CITY-ST-ZIP TAMPA, FL 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE 	<input type="checkbox"/> Delete NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE 	<input type="checkbox"/> Delete NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE 	<input type="checkbox"/> Delete NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
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 reports 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: <u><i>John McKeague</i></u> JOHN MCKEAGUE PRES. 4-21-07 813-995-2164 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			