

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062701

FILED
May 01, 2008
Secretary of State

Entity Name: J. M. CONSULTING, INC. OF JACKSONVILLE

Current Principal Place of Business:

2121 CORPORATE SQUARE BLVD
SUITE 151
JACKSONVILLE, FL 32216

New Principal Place of Business:

3100 UNIVERSITY BLVD S
SUITE 301
JACKSONVILLE, FL 32216

Current Mailing Address:

2121 CORPORATE SQUARE BLVD
SUITE 151
JACKSONVILLE, FL 32216

New Mailing Address:

3100 UNIVERSITY BLVD S
SUITE 301
JACKSONVILLE, FL 32216

FEI Number: 03-0459316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKENNA, JAMES J III
13760 NIGHT HAWK CT
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: MCKENNA, JAMES J III
Address: 13760 NIGHT HAWK CT
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J. MCKENNA

PTS

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date