2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State
07-05-2007 90057 030 ***150.00

DOCUMENT # P02000096628

1. Entity Name
J.K.M. ENTERPRISES, INC.

40122700

06262007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
4355 MCCORVEY RD. DELAND, FL 32724	631 OVERHILL RD DELAND, FL 32720

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
631 Overhill RD	
Suite, Apt. #, etc.: DeLand, FL	Suite, Apt. #, etc.
City & State: 32720	City & State
Zip: ↓ / Country: United States	Zip / Country

4. FEI Number: 03-0477224 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKAGGS, JUSTIN K 4355 MCCORVEY RD. DELAND, FL 32724	Name: Street Address (P.O. Box Number is Not Acceptable): 631 Overhill RD City: DeLand **FL** Zip Code: 32720

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: Justin Skaggs DATE: 6-26-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SKAGGS, JUSTIN K 631 OVERHILL RD DELAND, FL 32720 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Justin Skaggs Date: 6-26-07 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR