## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # P03000031192

1. Entity Name JMP SOLUTIONS, INC.



Principal Place of Business

Mailing Address

12065 METRO PKWY. FT. MYERS, FL 33912 12065 METRO PKWY. FT. MYERS, FL 33912

## **FILED** Feb 08, 2007 8:00 am Secretary of State

02-08-2007 90043 008 \*\*\*150.00

40011669



01152007 DO NOT WRITE IN THIS SPACE

	•
4. FEI Number	Applied For
83-0351448	Not Applicable

\$8.75 Additional 5. Certificate of Status Desired

No Chq-P

Fee Required

CR2E034 (11/05)

HUBBARD, MAURICE 12065 METRO PKWY. FT, MYERS, FL 33912

6. Name and Address of Current Registered Agent

## 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	f applicable. (NOTE Registered	Agent signature	required when reinstating}	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
THILE NAME	P CHEEK, JOSEPH E					
STREET ADDRESS CITY-ST-ZIP	4406 LAUBER WAY TAMPA, FL 33614					
TITLE NAME STREET ADDRESS	COO PADGETT, GLENN A 12065 METRO PKWY					
CITY-ST-ZIP TITLE	FORT MYERS, FL 33912 CEO					
NAME STREET ADDRESS CITY-ST-ZIP	HUBBARD, MAURICE J 12065 METRO PKWY FORT MYERS, FL 33912		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE	-					
name Street address						
CITY-ST-ZIP						
12. I hereby o	certify that the information supplied with this fi	iling does not qualify for the exe	mptions co	ntained in Chapter 11	19, Florida Statutes. I further certify that the information	

indicated on this report of 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 are 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.

239-768**35**35