


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90006 034 ***150.00

DOCUMENT # P03000051118 1. Entity Name JPM INVESTMENTS OF NORTHWEST FLORIDA, INC.																													
Principal Place of Business 185 A WEST BURGESS RD PENSACOLA, FL 32503			Mailing Address 185 A WEST BURGESS RD PENSACOLA, FL 32503																										
2. Principal Place of Business 5938 Hermitage Drive Suite, Apt. #, etc.		3. Mailing Address 5938 Hermitage Drive Suite, Apt. #, etc.																											
City & State Pensacola, FL 32504		City & State Pensacola, FL 32504		4. FEI Number 05-0569323																									
Zip 32504		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MURPHY, JACQUELINE P 185 A WEST BURGESS RD PENSACOLA, FL 32503				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MURPHY, JACQUELINE P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>185 A WEST BURGESS RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA, FL 32503</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	MURPHY, JACQUELINE P		STREET ADDRESS	185 A WEST BURGESS RD		CITY-ST-ZIP	PENSACOLA, FL 32503		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">5938 Hermitage Drive</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Pensacola, FL 32504</td> <td></td> </tr> </table>			TITLE	5938 Hermitage Drive	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP	Pensacola, FL 32504	
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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: <u>Jacqueline P. Murphy</u> President <u>X</u> <u>7-27-06</u> 850 572 6276 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													