## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 05, 2007 8:00 am Secretary of State

DOCUMENT # P03000051118  1. Entity Name JPM INVESTMENTS OF NORTHWEST FLORIDA, INC.							02-05-2007	•	)11 ***15		
Principal Place 5938 HERMI PENSACOLA,	ITAGE DR		Mailing Address 5938 HERMITAGE DR PENSACOLA, FL 3250	14			(22 (27) 100 (24)	n 1880) û 1219 û			
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address	). Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01092007	Chg-P	CR2E0	34 (12/06)		
City & State			City & State		4. FEI Number Applied For 05-0569323 Not Applied ble				·		
Zip 	Country		Zip Coun		ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	egistered /	\gent_		
MURPHY, 185 A WE PENSACC	ST BURG	ESS RD			Street Address (P.O. Box Number is Not Acceptate			)			
					City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	le	
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 act the obligations of registered agent.										and accept	
SIGNATURE											
Signature, typed or protect name of registered agent and lide if applicable. (INDTE: Registered Agent signature required when reinsstory) DATE											
FIL After M	E NOWE ay 1, 200	FEE IS \$150.00 7 Fee will be \$550.	9. Election Campa Trust Fund Con			.00 May Be led to Fees					
10.	10 -24	OFFICERS AND		11.	<del></del>	ADDITIONS	CHANGES TO OFFI	ICERS AND			
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STREET ADDRESS CITY-ST-ZIP	;				-ST-ZIP						
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 liker foreprovered.											
SIGNATURE: Laco 4 Len 1 Musolo 1-31-07 850-474-0540											