


2008 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P03000062331		
1. Entity Name JNM FLAGLER, INC.		

Principal Place of Business 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250	Mailing Address 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250
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DO NOT WRITE IN THIS SPACE

FILED
08 MAY 19 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0470557	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAX CO. 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE, FL 32202

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGARVEY, JAMES N JR. 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	075121
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06/05/08--01006--015 **738.75

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: Wm H Roberts Dir Herring Roberts 4-17-08 904 2479160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #