


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000101330**

1. Entity Name  
**JMF TRANSCRIPTION, INC.**



Principal Place of Business  
**POST OFFICE BOX 187  
 TAVARES, FL 32778**

Mailing Address  
**POST OFFICE BOX 187  
 TAVARES, FL 32778**

**DO NOT WRITE IN THIS SPACE**



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**30-0204411**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FLAVELL, JANET M  
 555 PARK GLEN DRIVE  
 TAVARES, FL 32778**

**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 Janet M. Flavell Janet M. Flavell, President 1/15/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLAVELL, JANET M 555 PARK GLEN DRIVE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WILLIAMS, SYBIL F 3925 MAGNOLIA AVENUE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000589760  
 01/18/07-80028-025 150.00

**DO NOT WRITE IN THIS SPACE**

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: Janet M. Flavell Janet M. Flavell 1/15/07 (352) 343-1861

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