


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90068 005 \*\*\*150.00

<b>DOCUMENT # P04000075740</b>	
1. Entity Name <b>JME INVESTMENT GROUP, INC.</b>	

Principal Place of Business <b>2219 PALMVIEW CIRCLE AUBURDALE, FL 33823 US</b>	Mailing Address <b>2219 PALMVIEW CIRCLE AUBURDALE, FL 33823 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. <b>111 6TH ST N.W.</b>	Suite, Apt. #, etc. <b>9482 WATERFORD OAKS DRIVE</b>
City & State <b>WINTER HAVEN FL.</b>	City & State <b>WINTER HAVEN FL</b>
Zip <b>33881</b>	Country <b>Polk</b>
Zip <b>33884</b>	Country <b>Polk</b>



03192007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>HAFF, TULA M ESQUIRE 3399 CYPRESS GARDENS ROAD SUITE C WINTER HAVEN, FL 33884</b>	
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4. FEI Number <b>20-1178729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ESPOSITO, JOSEPH M 2219 PALMVIEW CIRCLE AUBURDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ESPOSITO JOSEPH M 9482 WATERFORD OAKS DRIVE WINTER HAVEN FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ESPOSITO, MARION 2219 PALMVIEW CIRCLE AUBURDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ESPOSITO MARION 9482 WATERFORD OAKS DRIVE WINTER HAVEN FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **MARION ESPOSITO** 3/20/07 863-293-6747  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #