2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000163071

FILED Mar 13, 2008 08:00 All Secretary of State

J-MAC GIFTS, INC.						
621 S. ATL/	ce of Business ANTIC AVE. EACH, FL 32176 US	Mailing Address 62 CONCORD DR ORMOND BEACH, FL 32176	US		18111 JANI JENE AUST DIST	
Ē	OO NOT WRITE	IN THIS SPA	CE	03042008 No C 4. FEI Number 20-1954343 5. Certificate of Status	thg-P CR2E	E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
MCCARTI	6. Name and Address of Current Re		DO NO	T WRIT	E	
ORMOND BEACH, FL 32176			IN THIS SPACE and office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
	tions of registered agent.		d Agent signature require		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DII P MCCARTHY, JOHN D 62 CONCORD DR ORMOND BEACH, FL 32176	RECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				03/	U000008559 /27/08-800	326 70-024 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 impowered 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 anaddress, with another like empowered.

SIGNATURE:

3/4/08: 440

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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CITY-ST-ZIP.
TITLE
NAME
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CITY-ST-ZIP

NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

Dat

Daytime Phone #