

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000046845

1. Entity Name  
JRM OF THE SOUTH WEST, INC.



Principal Place of Business  
460 S. INDIANA AVENUE  
ENGLEWOOD, FL 34223

Mailing Address  
460 S. INDIANA AVENUE  
ENGLEWOOD, FL 34223

**DO NOT WRITE IN THIS SPACE**

**FILED  
Mar 28, 2007 8:00 am  
Secretary of State**

03-28-2007 90018 039 \*\*\*150.00

40043700



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1735330	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKINSON, ROBERT A  
460 SOUTH INDIANA AVENUE  
ENGLEWOOD, FL 34223

**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

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 D  
NAME BRYSON, JEANETTE  
STREET ADDRESS P.O. BOX 995  
CITY-ST-ZIP NOKOMIS, FL 34274

TITLE PT  
NAME TOLBERT, JAN  
STREET ADDRESS 6665 CONRAD RD  
CITY-ST-ZIP EDWARDSBURG, MI 49112

TITLE VS  
NAME COOK, BARBARA  
STREET ADDRESS 1131 HORIZON RD  
CITY-ST-ZIP VENICE, FL 34293

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** *Jan Tolbert*

JAN TOLBERT

2-2-07 574-320-3934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #