

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

**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

40043700



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

73-1735330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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-STATE-ZIP	NOKOMIS, FL 34274
TITLE	PT
NAME	TOLBERT, JAN
STREET ADDRESS	6665 1/2 CONRAD RD
CITY-STATE-ZIP	EDWARDSBURG, MI 49112
TITLE	VS
NAME	COOK, BARBARA
STREET ADDRESS	1131 HORIZON RD
CITY-STATE-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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:

*Jan Tolbert*

JAN TOLBERT

2.2.07

574.320.3934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #