


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 19, 2007 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # P05000079628 1. Entity Name JDMS & ASSOCIATES INC. |  |
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|---|---|
| Principal Place of Business 165 FAIRWAY ROAD ROTONDA WEST, FL 33947 | Mailing Address 165 FAIRWAY ROAD ROTONDA WEST, FL 33947 |
|---|---|



07122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-2933945 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GALVIN, JAMES F 165 FAIRWAY ROAD ROTONDA WEST, FL 33947 |
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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
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GALVIN, DEBORAH 165 FAIRWAY ROAD ROTONDA WEST, FL 33947 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GALVIN, JAMES F 165 FAIRWAY ROAD ROTONDA WEST, FL 33947 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GALVIN, SEAN 165 FAIRWAY ROAD ROTONDA WEST, FL 33947 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GALVIN, MICHELLE 165 FAIRWAY ROAD ROTONDA WEST, FL 33947 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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07/19/07-80008-004 158.75

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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:  7-16-07 941-698-0283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #