2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000096543

1. Entity Name
JM FINANCIAL MANAGEMENT CORP.

FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2853 CAPISTRANO WAY NAPLES, FL 34105	96 S GEORGE ST STE 350 YORK, PA 17401

07182008 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-3183506
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, JEAN A
C/O PORTER, WRIGHT, MORRIS & ARTHUR LLP
5801 PELICN BAY BLVD., SUITE 300
NAPLES, FL 34108-2709

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

U00000955830
07/22/08-80007-022 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARINO, JOSEPH
STREET ADDRESS	96 S GEORGE ST STE 350
CITY-ST-ZIP	YORK, PA 17401
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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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #