

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

03-29-2007 90031 042 ***150.00

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1. Entity Name
J & M INVESTMENTS OF OKEECHOBEE, INC.



Principal Place of Business
**2201 SW 28TH STREET VILLA 40
OKEECHOBEE FL 34974**

Mailing Address
**2201 SW 28TH STREET VILLA 40
OKEECHOBEE FL 34974**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number **APPLIED FOR**
34-2194206

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent
**COKER, JACKSON C
2201 SW 28TH STREET VILLA 40
OKEECHOBEE FL 34974**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

NAME COKER, JACKSON C	DP 2201 SW 28TH STREET VILLA 40 OKEECHOBEE FL 34974	☐ Delete
NAME COKER, MARSHALL C	DVPS 2201 SW 28TH STREET VILLA 40 OKEECHOBEE FL 34974	☐ Delete
NAME		☐ Delete
NAME		☐ Delete
NAME		☐ Delete
NAME		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jackson C. Coker* **TAKSON C. COKER** **3-16-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #