


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

03-31-2008 90033 020 ***150.00

DOCUMENT # P05000164869


1. Entity Name
J.M.J. OF PINELLAS INC.



| | |
|---|---|
| Principal Place of Business 6401 CENTRAL AVENUE ST PETERSBURG, FL 33710 | Mailing Address 6401 CENTRAL AVENUE ST PETERSBURG, FL 33710 |
|---|---|

DO NOT WRITE IN THIS SPACE

66007285



03152008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-3972828 | 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

JAMES, JOICE
6401 CENTRAL AVENUE
ST PETERSBURG, FL 33710

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P JAMES, JOICE 6401 CENTRAL AVENUE ST PETERSBURG, FL 33710 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S CHACKO, MATTHEW T 6401 CENTRAL AVENUE ST PETERSBURG, FL 33710 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP JAISON KURIA KOSE 6401 CENTRAL AVENUE ST PETERSBURG, FL 33710 |
| 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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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: Matthew T. Chacko 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #