


150

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000018319 1. Entity Name JNM LAKEWOOD, INC.	
---	---

Principal Place of Business 432 OSEOLA AVENUE JACKSONVILLE, FL 32250	Mailing Address 432 OSEOLA AVENUE JACKSONVILLE, FL 32250
--	--

**DO NOT WRITE IN THIS SPACE**

FILED  
08 MAY 19 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4384950	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

RAX CO  
50 NORTH LAURA STREET SUITE 3300  
JACKSONVILLE, FL 32202

**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCGARVEY, JAMES N 432 OSCEOLA AVE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <del>OTTIANO, JIM</del> Robertson, Dinah 432 OSCEOLA AVE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900130896789  
06/05/08--01006--015 \*\*738.75

**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: Dinah Robertson 4-17-08 904247-9160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #