
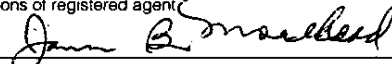
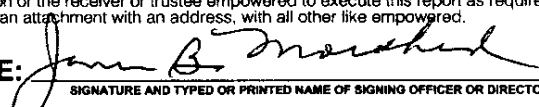


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90033 001 \*\*\*150.00  
09-06-2007 90033 002 \*\*\*\*\*8.75

<b>DOCUMENT # P06000115830</b>					
1. Entity Name <b>JBM GROUP INC.</b>					
Principal Place of Business <b>250 S.E. 1ST TERRACE POMPAÑO BEACH, FL 33060</b>			Mailing Address <b>250 S.E. 1ST TERRACE POMPAÑO BEACH, FL 33060</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MOREHEAD, JAMES B 250 S.E. 1ST TERRACE POMPAÑO BEACH, FL 33060</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: 				DATE: <b>8/15/07</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <b>MOREHEAD, JAMES B</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOREHEAD, JAMES B</b>		NAME		
STREET ADDRESS	<b>250 S.E. 1ST TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33060</b>		CITY-ST-ZIP		
TITLE	T <b>MOREHEAD, JAMES B</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOREHEAD, JAMES B</b>		NAME		
STREET ADDRESS	<b>250 S.E. 1ST TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33060</b>		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				<b>8/15/07</b> <b>954 941-4466</b> Date Daytime Phone #	

**66021785**



07242007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5508582** Applied For  
Not Applicable

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