

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90098 011 ***150.00

DOCUMENT # P06000150190

1. Entity Name
 JMAT INC.



Principal Place of Business
 4255 SEA ROCK COURT
 APOPKA, FL 32712

Mailing Address
 4255 SEA ROCK COURT
 APOPKA, FL 32712

2. Principal Place of Business - No P.O. Box #
 -905 E Semoran Blvd
 Suite, Apt. #, etc.

3. Mailing Address
 617 Green Rock Ct.
 Suite, Apt. #, etc.

City & State
 Casselberry, FL

City & State
 Apopka, FL

Zip
 32707-5630

Country
 US

Zip
 32712

Country
 US



01082008 Chg-P CR2E034 (12/06)

4. FEI Number
 20-8007766

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GARDNER, ROBERT S
 4255 SEA ROCK COURT
 APOPKA, FL 32172

7. Name and Address of New Registered Agent

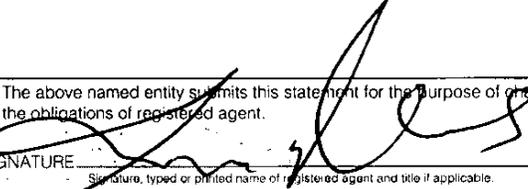
Name
 Sean Nichols

Street Address (P.O. Box Number is Not Acceptable)
 617 Green Rock Ct.

City
 Apopka, FL

Zip Code
 32712

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 4/16/08

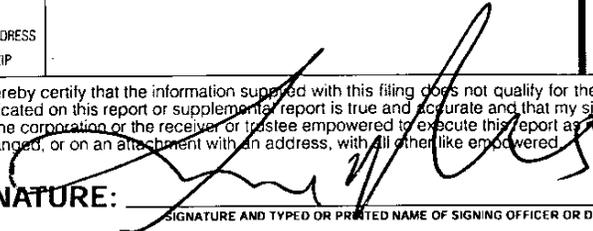
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLS, SEAN P 617 GREEN ROCK COURT APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GARDNER, ROBERT S 4255 SEA ROCK COURT APOPKA, FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE 4/16/08 DAYTIME PHONE 321-277-2707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR