


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90191 017 ***158.75

DOCUMENT # P07000121011		
1. Entity Name JOMP & CO. INC		

Principal Place of Business 523 SIDE CREEK LANE ST. AUGUSTINE, FL 32084 US	Mailing Address P O BOX 4575 ST. AUGUSTINE, FL 32084 US
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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

40100000



04302008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1433232	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLORIDA-INCORPORATIONS.NET INC 6574 NORTH STATE ROAD 7 #401 COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name Felicita C Jomp Street Address (P.O. Box Number is Not Acceptable) 523 SIDE CREEK LANE City St Augustine FL Zip Code 32084	
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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 Felicita C Jomp <small>Signature, typed or printed name of registered agent and fee if applicable.</small>	4/30/08 <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOMP, FELICITA P O BOX 4575 ST AUGUSTINE, FL 32085 <input 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 address, with all other like empowered.	
SIGNATURE: Felicita C Jomp <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/30/08 772423333 <small>Date Daytime Phone #</small>