


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State


03-26-2007 90052 003 ***150.00

DOCUMENT # P31775	
1. Entity Name JHM FLORIDA, INC. (SOUTH CAROLINA)	

Principal Place of Business 60 POINTE CIR GREENVILLE, SC 29615	Mailing Address 60 POINTE CIR GREENVILLE, SC 29615 US
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2. Principal Place of Business, No P.O. Box # 60 Pointe Circle	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Greenville, SC	City & State
Zip 29615	Country

	
03012007 Chg-P	CR2E034 (12/06)
4. FEI Number 57-0924169	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 BUILDER, J. LINDSAY, JR. 359 CAROLINA AVENUE Y WINTER PARK, FL 32790	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 RAMA, JAYANTI P. 880 S. PLEASANTBURG DR. GREENVILLE, SC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 60 Pointe Circle Greenville, SC 29615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RAMA, HASMUKAH P. 880 S. PLEASANTBURG DR. GREENVILLE, SC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 60 Pointe Circle Greenville, SC 29615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMA, MANHAR 880 S. PLEASANTBURG DR. GREENVILLE, SC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 60 Pointe Circle Greenville, SC 29615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMA, RAMAN P 880 S. PLEASANTBURG DRIVE GREENVILLE, SC 29607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 60 Pointe Circle Greenville, SC 29615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jayanti P. Rama	DATE: 3/24/07	DAYTIME PHONE #: 844232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		