


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P96000047891	
1. Entity Name JJM & ASSOCIATES, INC.	

Principal Place of Business 929 COLLIER COURT PO BOX 5010 MARCO ISLAND, FL 34145	Mailing Address 929 COLLIER COURT PO BOX 5010 MARCO ISLAND, FL 34145
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DO NOT WRITE IN THIS SPACE



03022008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0679304	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCGOWAN, DOLORES
929 COLLIER COURT
MARCO ISLAND, FL 34145**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE PD	NAME MCGOWAN, JOHN J
STREET ADDRESS 929 COLLIER COURT UNIT B-403	CITY-ST-ZIP MARCO ISLAND, FL 34145
TITLE STD	NAME MCGOWAN, DOLORES
STREET ADDRESS 929 COLLIER COURT UNIT B-403	CITY-ST-ZIP MARCO ISLAND, FL 34145
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/26/08-80050-010 150.00

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: *John J. McGowan* **3/8/08** **239-642-5138**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #