

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000024987

Entity Name: J.M. WANES, INC.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

2202 N. WEST SHORE BLVD.
SUITE 200
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 273742
TAMPA, FL 33688

New Mailing Address:

FEI Number: 59-3497990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODOWANES, JOSEPH M
713 LAKEWOOD AVENUE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HODOWANES, JOSEPH M
Address: 713 LAKEWOOD AVENUE
City-St-Zip: TAMPA, FL 33613

Title: VP (X) Delete
Name: MOONEY, SANDI M
Address: 14526 NETTLE CREEK RD.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. HODOWANES

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date