

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P98000053232

1. Entity Name
JNM ST. AUGUSTINE, INC.



Principal Place of Business
432 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

Mailing Address
432 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

FILED
08 MAY 19 PM 12:40
CLERK OF STATE
TALLAHASSEE, FLORIDA



01082008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3523490

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HATHAWAY, RICHARD G
10151 DEERWOOD PARK BLVD.
BLDG. 100 SUITE 250
JACKSONVILLE, FL 32256

**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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCGARVEY, JAMES N JR.
STREET ADDRESS	432 OSCEOLA AVENUE
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08

Date

904/247-9860

Daytime Phone #