## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 28, 2008 08:00 AN Secretary of State

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1. Entity Name

JMP OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

Mailing Address

1447 RAILHEAD BLVD. SUITE 11

1447 RAILHEAD BLVD.

SUITE 11 NAPLES, FL 34110

NAPLES, FL 34110



## DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3551870

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current	Registered	Agent

GRIFFIN, JILL S 77 EMERALD WOODS DRIVE

NAPLES, FL 34108

## DO NOT WRITE IN THIS SPACE

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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. 1 am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST GRIFFIN, JILL S 77 EMERAL WOODS DRIVE #1-1 NAPLES, FL 34108	CTORS			000000802070 02/01/08-80044-015 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNETT, PETER 1510 IMPERIAL GOLF COURSE B., U NAPLES, FL 34110	NIT 102			,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE									

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:

NAME STREET ADDRESS

1/24/00

239-592-6755