

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010980

Entity Name: JDM ASSOCIATES, INC.

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

809 VANCE CIRCLE NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

2728 WILLOW CREEK DR
OVIEDO, FL 32765

New Mailing Address:

PO BOX 623309
OVIEDO, FL 32762 33

FEI Number: 59-3557735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNN, FRANK
407 E. NEW HAVEN AVE
MELBOURNE, FL 329014507 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONGIOI, JOHN D
Address: 809 VANCE CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: DAVIS, TIMOTHY B
Address: 2728 WILLOW CREEK DRIVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DAVIS, TIMOTHY B
Address: 4520 WILLA CREEK DRIVE #204
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY B DAVIS

D

01/09/2007

Electronic Signature of Signing Officer or Director

_____ Date