

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000065727**

1. Entity Name  
J.C.M. & M. ENDEAVORS, INC.



Principal Place of Business  
14000 SHIMMERLING LAKE CT  
FORT MYERS, FL 33907

Mailing Address  
14000 SHIMMERLING LAKE CT  
FORT MYERS, FL 33907



01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3600898

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

COOK, J. HARRIS  
7510 RIDGE ROAD  
PORT RICHEY, FL 34668

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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 P  
NAME DAVIS, JAMES H  
STREET ADDRESS 14000 SHIMMERING LAKE COURT  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE ST  
NAME DAVIS, CLARA E  
STREET ADDRESS 14000 SHIMMERING LAKE COURT  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE V  
NAME DAVIS, MATTHEW P  
STREET ADDRESS 7914 LEOTA LANE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE V  
NAME HENRY, MELISSA A  
STREET ADDRESS 12730 TAR FLOWER DR  
CITY-ST-ZIP TAMPA, FL 33626

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000782410  
01/15/08-80072-025 150.00

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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

1-8-08  
Date

239-931-6700  
Daytime Phone #