


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90020 009 ***158.75

DOCUMENT # p99000078045	
1. Entity Name JPM Enterprises Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 504 Shady Pine Way Suite, Apt. #, etc. Apt B-2 City & State West Palm Beach, FL Zip 33415 Country USA	3. Mailing Address 235 High Top Dr. Suite, Apt. #, etc. City & State Fletcher, NC Zip 28732 Country USA
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	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Steve Machiela Street Address (P.O. Box Number is Not Acceptable) 6801 Lake Worth Rd Suite #124 City Lake Worth, FL Zip Code 33467		

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  **Steve Machiela (CPA) 1/18/05**
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - D Steven Joy 235 High Top Dr. Fletcher, NC 28732	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - P Theresa Joy 235 High Top Dr. Fletcher, NC 28732	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Theresa Joy (Theresa Joy) 1/16/05 (828) 684-6489**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)