

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90014 027 ***158.00

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

Zip 33415

Country

USA

3. Mailing Address

235 High Top Drive

Suite, Apt. #, etc.

City & State

Fletcher, NE

Zip

28732

Country

USA

CR2E034B (8/05)

4. FEI Number

65-0944693

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$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

33463

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

Steve Machiela (CPA) 1/26/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME Director - D
STREET ADDRESS Steven G. Joy
CITY - ST - ZIP 235 High Top Dr., Fletcher, NE 28732

TITLE P
NAME President - P
STREET ADDRESS Theresa Joy
CITY - ST - ZIP 235 High Top Dr. Fletcher, NE 28732

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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) 1/26/06 (528) 684-6489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #