

**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90016 047 ***158.75

DOCUMENT # 99900078045

1. Entity Name

JPM Enterprises Inc.



DO NOT WRITE IN THIS SPACE

40024578

2. Principal Place of Business - No P.O. Box #

5800 Whispering Pine Way
Suite, Apt. #, etc.
Apt C1

3. Mailing Address

235 High Top Drive
Suite, Apt. #, etc.

City & State

Greenacres, FL

City & State

Fletcher, NC

4. FEI Number

65-0944693

Applied For

Not Applicable

Zip
33463

Country
USA

Zip
28732

Country
USA

5. Certificate of Status Desired

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\$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)

1035 State Road 7

Suite 215

City

Wellington

FL

Zip Code

33414

**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

Steve Machiela

Steve Machiela (CPA)

2/7/08

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.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<u>Director - D</u>
NAME	<u>Steven Joy</u>
STREET ADDRESS	<u>235 High Top Drive</u>
CITY-ST-ZIP	<u>Fletcher, NC 28732</u>
TITLE	<u>President - P</u>
NAME	<u>Theresa Joy</u>
STREET ADDRESS	<u>235 High Top Drive</u>
CITY-ST-ZIP	<u>Fletcher, NC 28732</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Theresa Joy

2/4/08 (828)684-6489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #