


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000111700	
1. Entity Name JRMG INVESTMENTS, INC.	

Principal Place of Business 39 ST. THOMAS DRIVE PALM BEACH GARDENS, FL 33418	Mailing Address 39 ST. THOMAS DRIVE PALM BEACH GARDENS, FL 33418
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01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0976067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REYNOLDS, JOHN D. 39 ST THOMAS DRIVE PALM BEACH GARDENS, FL 33418
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**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000616457
02/07/07-80029-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, JOHN 39 ST THOMAS DRIVE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS CHASE, JEAN A 1129 ROYAL PALM BCH BLVD STE72 WEST PALM BEACH, FL 33411
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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 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

Date

Daytime Phone #

JOHN D. REYNOLDS 1-27-07