


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90408 037 ***150.00

DOCUMENT # V24063	
1. Entity Name J & M PIPE EQUIPMENT, INC.	

Principal Place of Business 106 MORGATE CIR ROYAL PALM BCH FL 33411 US	Mailing Address P O BOX 733 LOXAHATCHEE FL 33470 US
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2. Principal Place of Business - No P.O. Box # 110 SW Peacock Blvd	3. Mailing Address P.O. Box 733
Suite, Apt. #, etc. APT 201#	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Port Saint Lucie	City & State LOXAHATCHEE, FL
Zip 34986	Country SAINT Lucie
Zip 33470	Country Palm Beach

4. FEI Number 95-0333147	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MITCHELL, LINDA C. 106 MORGATE CIRCLE ROYAL PALM FL 33411	
7. Name and Address of New Registered Agent Name MITCHELL, LINDA C. Street Address (P.O. Box Number is Not Acceptable) 110 SW Peacock Blvd. APT. 201 City PORT SAINT LUCIE FL Zip Code 34986	

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 <i>Linda C. Mitchell</i> 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, 2007 Fee Will Be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, LINDA C. 106 MORGATE CIR ROYAL PALM BEACH FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. LINDA C MITCHELL 110 SW Peacock Blvd. PORT SAINT LUCIE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, LINDA C. 13339 COMPTON RD LOXAHATCHEE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <i>Linda C. Mitchell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/11/07 Date	561-3097850 Daytime Phone #
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