


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000002336 1. Entity Name J&M ENT. OF JOHNS PASS, INC.	
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Principal Place of Business 145 BOARDWALK PLACE MADEIRA BEACH, FL 33708 US	Mailing Address 12931 96TH AVE N SEMINOLE, FL 33776-1802
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3349285	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

ALBERTSON, MICHAEL
12931 - 96TH AVENUE, NORTH
SEMINOLE, FL 33776

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBERTSON, MICHAEL 12931 - 96TH AVENUE, NORTH SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALBERTSON, JOANNE 12931 - 96TH AVENUE, NORTH SEMINOLE, FL 33776
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03/11/06-80015-003.150.00

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:  2-27-2006 727 3926912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 MICHAEL ALBERTSON