


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90296 007 ***150.00

DOCUMENT # P97000022088	
1. Entity Name JM TRANSMISSION, INC.	

Principal Place of Business 4436 GUN CLUB RD WEST PALM BEACH, FL 33406 US	Mailing Address 4436 GUN CLUB RD WEST PALM BEACH, FL 33406 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 16515 384 STREET	Suite, Apt. #, etc. 16515 384 STREET

City & State LIVE OAK FLA	City & State LIVE OAK FLA
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Zip 32060	Country SUWANNEE	Zip 32060	Country SUWANNEE
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04192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0737927	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POLE, JAMES M 748 RAMBLING DR WEST PALM BEACH, FL 33616	7. Name and Address of New Registered Agent Name JAMES M POLE Street Address (P.O. Box Number is Not Acceptable) 16515 384 STREET City LIVE OAK FL Zip Code 32060
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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 POLE, JAMES M 748 RAMBLING DR WEST PALM BEACH, FL 33616 <input 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James M Pole* 4/26/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #