


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000001345

1. Entity Name
JKMC HOLDINGS, INC.



Principal Place of Business Mailing Address

101 SOUTH MAIN STREET 101 SOUTH MAIN STREET
 BROOKSVILLE, FL 34601-3336 BROOKSVILLE, FL 34601-3336



03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3553201 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASON, JOSEPH M JR
 101 SOUTH MAIN STREET
 BROOKSVILLE, FL 34601-3336

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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 refiled) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

000000346051
 04/30/05-80059-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	MASON, JOSEPH M JR
STREET ADDRESS	101 SOUTH MAIN STREET
CITY-ST-ZIP	BROOKSVILLE, FL 346013336
TITLE	DVS
NAME	MASON, KATHERINE V
STREET ADDRESS	101 SOUTH MAIN STREET
CITY-ST-ZIP	BROOKSVILLE, FL 346013336
TITLE	D
NAME	MASON, MARY K
STREET ADDRESS	1725 NW 7TH PL
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	D
NAME	MASON, CELIA A
STREET ADDRESS	101 SOUTH MAIN STREET
CITY-ST-ZIP	BROOKSVILLE, FL 346013336
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 exemption stated in Section 119.07(3)(f), 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: Joseph M. Mason, Jr. 4/28/05 3531796-0195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #