

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90010 021 ***150.00

DOCUMENT # P04000050586

1. Entity Name
JMS HEALTH & WELLNESS, INC.



Principal Place of Business
**31 WOODWARD LANE
PALM COAST, FL 32164**

Mailing Address
**31 WOODWARD LANE
PALM COAST, FL 32164**

50062880



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08162005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

51-0501679

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KNIGHT, JERRY C
2825 N OCEANSHORE BLVD
BEVERLY BEACH, FL 32136**

7. Name and Address of New Registered Agent

Name **KNIGHT, JERRY C.**
Street Address (P.O. Box Number is Not Acceptable)
4721 E. MOODY BLVD.
SUITES 505 & 506
City **BUNNELL** FL Zip Code **32110**

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 **Jerry C Knight** **JERRY C. KNIGHT**

08-16-05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME **DPST** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **SIBISKI, MARY B
31 WOODWARD LANE
PALM COAST, FL 32164**

TITLE
NAME **DV** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **SIBISKI, JOHN D
31 WOODWARD LANE
PALM COAST, FL 32164**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: **Mary B Sibiski** **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary B. Sibiski

8/19/05 **3864455791**
Date Daytime Phone #