

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F00000002009

1. Entity Name  
J.M. ORIGINALS, INC.



Principal Place of Business  
70 BERME ROAD  
ELLENVILLE, NY 12428

Mailing Address  
P.O. BOX 628  
ELLENVILLE, NY 12428

**FILED**  
05 SEP 15 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**59066823**



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1620965

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC  
4435 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32811

**DO NOT WRITE  
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 \_\_\_\_\_

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  
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  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JARGOWSKY, MYRNA  
P.O. BOX 628  
ELLENVILLE, NY 12428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ARGINSKY, MARTHA  
P.O. BOX 628  
ELLENVILLE, NY 12428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**000059794220**  
09/20/05--01058--027 \*\*150.00

**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)(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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

830.05

Date

845-647-3003

Daytime Phone #