2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F03000002555

1. Entity Name J & M, INC. OF CONWAY



FILED May 05, 2006 08:00 AM Secretary of State

863-441-2668

Principal Place of Business

144 PARKLAND DRIVE LAKE PLACID, FL 33852 Mailing Address

144 PARKLAND DRIVE LAKE PLACID, FL 33852



DO NOT WRITE IN THIS SPACE

| 05092006 No Chg-P | | CR2E034 (11/05) | | |
|-----------------------|-------------------|-----------------|-----------------------------------|--|
| 4. FE! Number 57-0818 | | | Applied For Not Applicable | |
| 5. Certificate | of Status Desired | | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

GAUSE, MARGARET C 144 PARKLAND DRIVE LAKE PLACID, FL 33852

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. | MARGARET C GAU Signature, typed or printed name of registered agent and little | SE Margaret it applicable. HOTE. Registered | Agent algreture | USFV required when reinstating) | _5-9-06 DATE | | |
| | | 9. Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | 1 | | |
| THTLE NAME STREET ADDRESS CITY-ST-ZIP | P CAUSEY, MARAGARET H 144 PARKLAND DRIVE LAKE PLACID, FL 33852 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GAUSE, MARGARET C 144 PARKLAND DRIVE LAKE PLACID, FL 33852 | | | | 000000563501 05/20/06-80013-010 550.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GAUSE, PAUL D JR 3184 OLD NELSON ROAD, UNIT 4 CONWAY, SC 29526 | | | | O NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CAUSEY, DAVID 721 DRAGOON DRIVE MT. PLEASANT, SC 29464 | | IN THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | • • | | |
| 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 807, 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. | | | | | | | |