2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F03000002600

1. Entity Name:
J & M SOUTHERN DESIGNS, INC.

Principal Place of Business	Mailing Address
101 CONVENTION CENTER DR. STE. 700 LAS VEGAS, NV 89109	101 CONVENTION CENTER DR. STE. 700 LAS VEGAS, NV 89109

DO NOT WRITE IN THIS SPACE

04242006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
77-0595940	Not Applicable

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

6. Name and Address of Current Registered Agent

GASKIN, W. MARCUS
1264 GEORGIA AVE.
DUNEDIN, FL 34698

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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

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
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	PITTS, GRETA
STREET ADDRESS	PO BOX 27740
CITY-ST-ZIP	LAS VEGAS, NV 89126

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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05/19/06-80014-002 150.00

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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 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: _Greta Pitts_   4/26/06   813-263-7704

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