

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # F04000000382**

1. Entity Name  
NJM PUBLISHING, INC.



Principal Place of Business  
217 SW 32 TERRACE  
CAPE CORAL, FL 33914

Mailing Address  
217 SW 32 TERRACE  
CAPE CORAL, FL 33914



04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0620661

Applied For  
Not Applicable

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

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

SMITH, NICHOLAS J  
217 SW 32 TERRACE  
CAPE CORAL, FL 33914

**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  
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 C  
NAME JORDAN, MARK E  
STREET ADDRESS 5217 WINDJAMMER  
CITY-ST-ZIP PLANO, TX 75093

TITLE VC  
NAME SMITH, NICOLAS J  
STREET ADDRESS 217 SW 32 TERRACE  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE DV  
NAME DEVLIN, JAMES C  
STREET ADDRESS 224 SW 32 TERRACE  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE S  
NAME SMITH, BARBARA  
STREET ADDRESS 217 SW 32 TERRACE  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000520906  
05/02/06-80111-019 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #