

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # G13575	
1. Entity Name J. M. MARKETING CONCEPTS, INC.	

Principal Place of Business 7521 MARSH COVE PALM BEACH GARDENS, FL 33418	Mailing Address 11231 US HWY ONE #380 NORTH PALM BEACH, FL 33408
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02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2243590	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent MITCHELL, JANE 7521 MARSH COVE PALM BEACH GARDENS, FL 33418

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 _____
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**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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MITCHELL, JANE 11231 US HWY ONE #380 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BLAND, JEFFERY S. 11231 US HWY ONE #380 NORTH PALM BEACH, FL 33408
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04/11/06-00119-017 150.00

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: <u>Jane Mitchell</u> JANE MITCHELL <u>3/3/06</u> <u>561-630-8335</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE	Daytime Phone #
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