

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J31757**

1. Entity Name  
**JMARCO, INC.**



Principal Place of Business  
**% IRA STEWART WIESNER  
1800 SECOND ST., STE 870  
SARASOTA, FL 34236-5964**

Mailing Address  
**% IRA STEWART WIESNER  
1800 SECOND ST., STE 870  
SARASOTA, FL 34236-5964**



01312007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>35-1493567</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**WIESNER, IRA STEWART  
1800 SECOND STREET  
SUITE 870  
SARASOTA, FL 33577**

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, JAMES 3003 DICK WILSON DR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTIN, M.SHIRL 3003 DICK WILSON DR SARASOTA, FL 34240
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02/07/07-80061-022 150.00

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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:** *James J. Martin, President* **JAMES J. MARTIN** 022107 94/95/0020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #