

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # K04876

1. Entity Name
J & M FAMILY CORP.



Principal Place of Business
**19 WHISPERING SANDS DR
#1102
SARASOTA, FL 34242 US**

Mailing Address
**28 TAMARAC ROAD
C/O BARBARA J. AHERN
TROY, NY 12180**



02222007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0026732

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AHERN, JOHN F.
19 WHISPERING SANDS DR
#1102
SARASOTA, FL 34242**

**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 PD
NAME AHERN, JOHN F.
STREET ADDRESS 19 WHISPERING SANDS DR #1102
CITY-ST-ZIP SARASOTA, FL

TITLE STD
NAME AHERN, BARBARA J
STREET ADDRESS 28 TAMARAC RD
CITY-ST-ZIP TROY, NY

TITLE D
NAME ANDERSON, KENT J.
STREET ADDRESS 4255 MARIANA WAY
CITY-ST-ZIP SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/20/07-80119-007 150.00

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:

Barbara J. Ahern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara J. Ahern

4/9/07

Date

518/279-4192

Daytime Phone #