


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000023425 1. Entity Name J&M MANAGEMENT, INC.	
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Principal Place of Business 11965 168TH STREET NORTH JUPITER, FL 33478	Mailing Address 10152 W INDIANTOWN RD STE 156 JUPITER, FL 33478
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03132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0991081	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KEBECK, MARY ANN
10152 W INDIAN TOWN RD
STE 156
JUPITER, FL 33478**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and file if applicable.

**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

**U000000470010
03/27/06-80026-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE P	KEBECK, JOHN
NAME 11965 168TH STREET NORTH	
STREET ADDRESS JUPITER, FL 33478	
CITY-ST-ZIP	
TITLE VP	KEBECK, MARY ANN
NAME 11965 168TH STREET NORTH	
STREET ADDRESS JUPITER, FL 33478	
CITY-ST-ZIP	
TITLE T	KEBECK, MARY ANN
NAME 11965 168TH STREET NORTH	
STREET ADDRESS JUPITER, FL 33478	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

3-13-06 (521) 744-168
Date Daytime Phone #