2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000027589

1. Entity Name

JMV CONSULTING FIRM, INC.

Principal Place of Business	Mailing Address
3121 RIVIERA DR NAPLES FL 34103	3121 RIVIERA DR NAPLES FL 34103

1st MOORE   CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **59-3634607** Applied For Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VILMONT, JOHN M 3121 RIVIERA DRIVE NAPLES FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 accep 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** **Make Check Payable to Florida Department of State**		9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May B Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Additi
NAME	VILMONT, JOHN M		NAME	U00000407645	
STREET ADDRESS	3121 RIVIERRA DRIVE		STREET ADDRESS	02/08/06-80030-007 150.00	
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addi
NAME	VILMONT, TREYA		NAME		
STREET ADDRESS	3121 RIVIERA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP		
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NAME			NAME		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _John M. Vilmont_ — John M. Vilmont 01/25/06 239-262-108