2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State
02-15-2006 90030 042 ***150.00

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01102006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000037672

1. Entity Name
J L M SMALL ENGINE REAIR, INC.

Principal Place of Business	Mailing Address
428 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442	428 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442

2. Principal Place of Business: 428 S. Military Trail	3. Mailing Address: 428 S. Military Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield Beach Fl	City & State: Deerfield Beach Fl
Zip: 33442 Country: USA	Zip: 33442 Country: USA

4. FEI Number: 65-0996654 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, LYNDA M
416 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name: Lynda M. Smith
Street Address (P.O. Box Number is Not Acceptable): 428 S. Military Trail
City: Deerfield Beach FL Zip Code: 33442

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: Lynda M [signature] DATE: 1/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMITH, LYNDA M		NAME		
STREET ADDRESS	428 S. MILITARY TRAIL		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STEVENSON, MARTHA J		NAME		
STREET ADDRESS	428 S. MILITARY TRAIL		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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 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] 1/10/06 9544205480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #