

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90091 048 ***150.00

DOCUMENT # P00000060694			
1. Entity Name J.M.P. ENTERPRISES AND VENTURES, INC.			
Principal Place of Business 650 95TH AVE. NORTH NAPLES, FL 34108		Mailing Address 650 95TH AVE. NORTH NAPLES, FL 34108	
2. Principal Place of Business 828 Wiggins Pass Rd 8A		3. Mailing Address 828 Wiggins Pass Rd 8A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples FL		City & State Naples FL	
Zip 34110		Country COLLIER	
4. FEI Number 65-1034741		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POPPLEWELL, JOSEPH M 650 95TH AVE N NAPLES, FL 34108		7. Name and Address of New Registered Agent Name: Popplewell Joseph M Street Address (P.O. Box Number is Not Acceptable): 828 Wiggins Pass Rd 8A City: Naples FL Zip Code: 34110	
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: <u>Joseph Popplewell</u> DATE: <u>04/17/06</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PVP NAME: POPPLEWELL, JOSEPH M STREET ADDRESS: 650 95TH AVENUE N CITY-ST-ZIP: NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE: PVP NAME: Popplewell Joseph M STREET ADDRESS: 828 Wiggins Pass Rd 8A CITY-ST-ZIP: Naples FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Joseph Popplewell</u>		Date: <u>04/17/06</u> Daytime Phone #: <u>(239) 514-1011</u>	