


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000085657</b>		
1. Entity Name <b>JM CARRIAGE COVE INC.</b>		
Principal Place of Business <b>500 CARRIAGE COVE WAY SANFORD, FL 32773</b>		Mailing Address <b>500 CARRIAGE COVE WAY SANFORD, FL 32773</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		04292005 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>59-3669493</b>
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>CAMPBELL, MIKE 7777 NORTH WICKHAM RD #12-311 MELBOURNE, FL 32940</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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><i>MIKE CAMPBELL</i></u> <u><i>MANAGER</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		<b>U00000361084 05/05/05-80062-002 500.00</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, MIKE 7777 N WICKHAM ROAD #12-311 MELBOURNE, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSSENBROEK, JAMES 4473 76TH STREET BYRON CENTER, MI 49315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Michael V Campbell</i></u> <b>4/28/05 407 688</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>		