


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90084 042 \*\*\*150.00

**DOCUMENT # P0000093100**

1. Entity Name  
**JNM FABRICATION, INC.**



Principal Place of Business      Mailing Address  
 2677 NW 10TH ST      2677 NW 10TH ST.  
 SUITE 10 - 12      SUITE 10  
 OCALA, FL 34475      OCALA, FL 34475

**66016744**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01092006    Chg-P    CR2E034 (11/05)

City & State      City & State

4. FEI Number      Applied For  
**59-3674610**      Not Applicable

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

MARCUM, JAMES N  
 PO BOX 2795  
 OCALA, FL 34478


Name      **JAMES N. MARCUM**

Street Address (P.O. Box Number is Not Acceptable)

**732 SE 12th St**

City      **OCALA**      FL      Zip Code      **34471**

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:       DATE: **5-9-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)      DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	PDCS MARCUM, JAMES N 3155 SE 11TH ST. OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCS MARCUM, JAMES N. 732 SE 12th ST. OCALA, FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCUM, JAMES N 3155 SE 11TH ST. OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCUM, JAMES N. 732 SE 12th ST. OCALA, FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNES, DONALD W 1428 SE 9TH AVE OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:       **JAMES MARCUM**      DATE: **1-9-06**      DAYTIME PHONE #: **(352) 622-5755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #