

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

**DOCUMENT # P00000093100**

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



**Principal Place of Business**

2677 NW 10TH ST  
SUITE 10 - 12  
OCALA, FL 34475

**Mailing Address**

2677 NW 10TH ST.  
SUITE 10  
OCALA, FL 34475

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**59-3674610**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MARCUM, JAMES N**  
**PO BOX 2795**  
**OCALA, FL 34478**

**7. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**5-9-06**

**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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PDCS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUM, JAMES N.	
STREET ADDRESS	732 SE 12th ST.	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUM, JAMES N.	
STREET ADDRESS	732 SE 12th ST.	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**JAMES MARCUM** 1-9-06 (352) 622-5755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #