2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2005 08:00 AM Secretary of State **DOCUMENT # P00000106447** 1. Fntity Name J.S.M. ENTERPRISES, INC. Mailing Address Principal Place of Business P.O. BOX 476 4340 MARSHVIEW DRIVE DE LEON SPRINGS, FL 32130 DELEON SPRINGS FL 32130 No Chg-P 04122005 CR2E034 (10/03) Applied For 4. FFI Number Not Applicable 56-3681793 \$8.75 Additional 5. Gertificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SKAGGS, NANETTE DO NOT WRITE 4340 MARSH VIEW DRIVE DE LEON SPRINGS, FL 32130 THIS SPACE 8. The above named entity submits this statement for the purpose of charging 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. (ADTE: Hogistated Agent signature required which remaining) ್ನು ಇನ್ನು ಕ್ಷಾಪ್ತರ ಪ್ರಕ್ಷಾಣದ name ವ ಸಾಧ್ಯಮವಾದಕ್ಕು ಒಡ್ಡೆಟ್ಟಿಗೆ applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS PV ttiti SKAGGS, JARED NAME 4340 NARSH VIEW DRIVE STREET ADDRESS יון - זמ - צוניי DE LEON SPRINGS, FL 32130 SKAGGS, NANETTE NAME 04/21/05-80061-003 150.00 4340 MARSH VIEW DRIVE STREET ADDRESS DE LEON SPRINGS, FL 32130 CHY-ST-ZP HILL NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILL MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 or pre-wered. SIGNATURE:

FILED