2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/6/

FILED
Mar 21, 2006 8:00 am
Secretary of State
03-06-2006 90014 012 ***150.00

DOCUMENT # P00000114227

1. Entity Name
JMT WAREHOUSE LEASING, INC.

Principal Place of Business	Mailing Address
2556 JMT INDUSTRIAL DRIVE SUITE 101 APOPKA, FL 32703	2556 JMT INDUSTRIAL DRIVE SUITE 101 APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

01272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3684802
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TALANSKY, JACK M
2556 JMT INDUSTRIAL DRIVE SUITE 101
APOPKA, FL 32703

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

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	P
NAME	TALANSKY, JACK M
STREET ADDRESS	2556 JMT INDUSTRIAL DRIVE, SUITE 101
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	S
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/16/06 407-293-3382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #