

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000117422

1. Entity Name

JMC MARKETING SERVICES, INC.



Principal Place of Business

5818 LAGORCE CIRCLE
LAKE WORTH FL 33463

Mailing Address

5818 LAGORCE CIRCLE
LAKE WORTH FL 33463



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **65-1061473**

Applied For
Not Applicable

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

MOSGKOWICZ, JOSEPH
C/O PANZA, MAURER, MAYNARD & NEEL, P.A.
5818 LA GORCE CIRCLE
LAKE WORTH FL 33463

Name

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

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
DPS
MOSGKOWICZ, JOSEPH
5818 LAGORCE CIR
LAKE WORTH FL 33463

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP
000000421701
02/16/06-80049-011 150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
MOSGKOWICZ, CAROL
5818 LAGORCE CIRCLE
LAKE WORTH FL 33463

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 Section 149, 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 687, 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: **JOSEPH MOSGKOWICZ**

Joseph Moszkowicz 2/7/06 561-966-5544