# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P01000045515

1. Entity Name
JM2 MANAGEMENT CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 14896 SOARING EAGLE CT<br>FT MYERS, FL 33912-1826 | 14896 SOARING EAGLE CT<br>FT MYERS, FL 33912-1826 |

**DO NOT WRITE IN THIS SPACE**

04092006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1101813

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MENDIETA, JORGE P
14896 SOARING EAGLE CT
FT MYERS, FL 33912-1826

**DO NOT WRITE IN THIS SPACE**

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: Mendieta JORGE P. MENDIETA APR 10, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

000001502846
04/26/06-80006-021 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | MENDIETA, JORGE P |
| STREET ADDRESS | 14896 SOARING EAGLE CT |
| CITY-ST-ZIP | FT MYERS, FL 339121826 |
| TITLE | DS T |
| NAME | MENDIETA, MARIA C |
| STREET ADDRESS | 14896 SOARING EAGLE CT |
| CITY-ST-ZIP | FT MYERS, FL 339121826 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** Mendieta JORGE P. MENDIETA APR 10, 06 (239)561-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #