

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # P01000110781

1. Entity Name
JMC OF MARION COUNTY, FLORIDA, INC.



Principal Place of Business
17860 SE 109TH AVE
618
SUMMERFIELD, FL 34491

Mailing Address
17860 SE 109TH AVE
618
SUMMERFIELD, FL 34491



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0553270 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEE, JOON
17860 SE 109TH AVE
#618
SUMMERFIELD, FL 34491

**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 _____ 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	DPT
NAME	LEE, JOON
STREET ADDRESS	17860 SE 109TH AVE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	DVP
NAME	LEE, MIAE
STREET ADDRESS	17860 SE 109TH AVE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	DS
NAME	LEE, CHUL
STREET ADDRESS	17860 SE 109TH AVE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000563818
05/20/06-80029-005 150.00

**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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-05-06 752 347 6119
Date Daytime Phone #