

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90038 008 ***150.00

DOCUMENT # P02000036302

1. Entity Name
JOM INTERNATIONAL INC.



Principal Place of Business *4410 Chantelle Drive H104* Mailing Address *4410 Chantelle Drive H104*
332 CHARLEMAGNE BLVD, H-101
NAPLES, FL 34112

50024017



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
01-0698002

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MITCHELL, GERALD
332 CHARLEMAGNE BLVD, H-101
NAPLES, FL 34112 *4410 Chantelle Drive H104*

Name

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

City

FL

Zip Code

8. I, the 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

P
MITCHELL, GERALD
332 CHARLEMAGNE BLVD #101
NAPLES, FL 34112

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition

4410 Chantelle Drive H104

TITLE
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12. I hereby certify that the information supplied with this filing 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 empowered.

SIGNATURE: **GERALD MITCHELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-05 **239-775-1005**
Date Daytime Phone #