

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095170

Entity Name: JKM SERVICES INC.

FILED
May 06, 2004
Secretary of State

Current Principal Place of Business:

11323 PHILLIPS PKWY E.
SUITE #7
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

11323 PHILLIPS PKWY E.
SUITE #7
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 38-3661733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCHANT, PEGGY
1616 CHRISTINE COURT
JACKSONVILLE, FL 32559

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP/P () Delete
Name: MERCHANT, PEGGY
Address: 1616 CHRISTINE COURT
City-St-Zip: JACKSONVILLE, FL 32559

Title: V/M () Delete
Name: MERCHANT, TIMOTHY
Address: 1616 CHRISTINE COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: V () Delete
Name: LEIGHTON, BRIAN
Address: 11247 SAN JOSE BLVD APT #409
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: TIMOTHY, MERCHANT
Address: 1616 CHRISTINE COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: M () Delete
Name: TIMOTHY, MERCHANT
Address: 1616 CHRISTINE COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: T () Delete
Name: TIMOTHY, MERCHANT
Address: 1616 CHRISTINE COURT
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP/P (X) Change () Addition
Name: MERCHANT, TIMOTHY
Address: 1616 CHRISTINE COURT
City-St-Zip: JACKSONVILLE, FL 32559

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V/M (X) Change () Addition
Name: LEIGHTON, BRIAN
Address: 11247 SAN JOSE BLVD APT #409
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY S MERCHANT

P

05/06/2004

Electronic Signature of Signing Officer or Director

Date