## 2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P02000096628 1. Entity Name J.K.M. ENTERPRISES, INC.

FILED
May 02, 2005 08:00 AM
Secretary of State



Principal Place of Business

4355 MCCORVEY RD. DELAND, FL 32724 Mailing Address

4355 MCCORVEY RD. DELAND, FL 32724



## DO NOT WRITE IN THIS SPACE

-6. Name and Address of Current Registered Agent

04272005	No Crig-F	UNZ	CH2E034 (10/03)	
4. FEI Number				Applied For
03-0477	224			Not Applicable
5. Certificate o	f Status Desired		\$8.75 Additional Fee Required	

SKAGGS, JUSTIN K 4355 MCCORVEY RD. DELAND, FL 32724

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
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 \$5.00 May Be Trust Fund Contribution.  Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKAGGS, JUSTIN K 4355 MCCORVEY RD DE LEON SPRINGS, FL 32130				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/02/05-80145-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
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An Diameter		10 1 1 10 10 11			Ph. Ph. of the Ph. of the Art. And the Art. Art. Art. Art. Art. Art. Art. Art.

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 data 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: Justin Skapes - Justin Skapes	4-26-05	386-804-2474
SIGNATURE AND TYPED ON DRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daylime Phone #