


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000118442					
1. Entity Name JMC, INC.					
Principal Place of Business 13594 LINDEN DRIVE SPRING HILL FL 34609 US			Mailing Address 13594 LINDEN DRIVE SPRING HILL FL 34609 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 81-0577745 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MC CLOUD, JOHN V III 13594 LINDEN DRIVE SPRING HILL FL 34609			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	MC CLOUD, JOHN V III	NAME			
STREET ADDRESS	13594 LINDEN DR.	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34606	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	MC CLOUD, JOHN V III	NAME			
STREET ADDRESS	13594 LINDEN DR.	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34609	CITY-ST-ZIP			
TITLE	TREA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	MC CLOUD, JOHN V III	NAME			
STREET ADDRESS	13594 LINDEN DR	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34609	CITY-ST-ZIP			
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	MC CLOUD, JOHN V III	NAME			
STREET ADDRESS	13594 LINDEN DR	STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34609	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			



1st MOORE CR2E034 (10/05)

4. FEI Number **81-0577745** Applied For
 Not Applied

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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

9. Election Campaign Financing **\$5.00** May 1
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MC CLOUD, JOHN V III	NAME	
STREET ADDRESS	13594 LINDEN DR.	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MC CLOUD, JOHN V III	NAME	
STREET ADDRESS	13594 LINDEN DR.	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	CITY-ST-ZIP	
TITLE	TREA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MC CLOUD, JOHN V III	NAME	
STREET ADDRESS	13594 LINDEN DR	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MC CLOUD, JOHN V III	NAME	
STREET ADDRESS	13594 LINDEN DR	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John McCloud* JOHN MC CLOUD 2/27/06 352 666 3008