


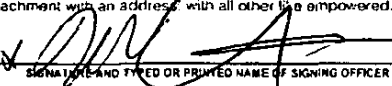
2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/29/2006-90002-039-\$150.00-\$150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131022			
1. Entity Name JM-V OF FT. MYERS, INC.			
Principal Place of Business 2419 E MALL DR FT MYERS, FL 33901		Mailing Address 2419 E MALL DR FT MYERS, FL 33901	
2. Principal Place of Business 406 SE 20th CT		3. Mailing Address 3345 FOWLER ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL FL		City & State FT MYERS FL	
Zip 33900		Zip 33901	
Country USA		Country USA	
6. Name and Address of Current Registered Agent MCLEOD, RODERICK D 2419 E MALL DR FT MYERS, FL 33901		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state of acceptance (NOTE: Party/Agent sign and seal the required when transacting)</small>			
FEE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P VYAS, MUKESH K 2606 FOWLER ST. FT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 filers empowered.			
SIGNATURE:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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