

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P0300Q014473

1. Entity Name
JMS FLORIDA REALTY, INC.



Principal Place of Business
2826 SW 140TH PLACE
OCALA, FL 34473

Mailing Address
2826 SW 140TH PLACE
OCALA, FL 34473



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3723641
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPENCE, JOHN M
2826 SW 140TH PLACE
OCALA, FL 34473

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

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

U000000220682
02/08/05-80070-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SPENCE, JOHN M
4569 SW 172 STREET ROAD
OCALA, FL 3443

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
SPENCE, NADINE Y
4569 SW 172 STREET ROAD
OCALA, FL 34473

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/05 352-307-2868
Date Daytime Phone #