2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90368 012 ***150.00

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1. Entity Name
JMS FLORIDA REALTY, INC.

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

40074124

04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10: OFFICERS AND DIRECTORS

TITLE	P
NAME	SPENCE, JOHN M
STREET ADDRESS	4569 SW 172 STREET ROAD
CITY-ST-ZIP	OCALA, FL 3443
TITLE	VST
NAME	SPENCE, NADINE Y
STREET ADDRESS	4569 SW 172 STREET ROAD
CITY-ST-ZIP	OCALA, FL 34473
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 like empowered.

SIGNATURE: _____ 4/28/06
Signature and Typed or Printed Name of Individual and Capacity/Position, e.g. Officer or Director Date Daytime Phone #