2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000028745

1. Entity Name

JMG ASSOCIATES OF HOBE SOUND, INC.



02042006

FILED May 01, 2006 08:00 AN Secretary of State

CR2E034 (11/05)

Principal Place of Business

8022 SE HELEN TR HOBE SOUND, FL 33455

ROBERT J GARDENER, INC.

11891 US HWY 1

SIGNATURE

Mailing Address

8022 SE HELEN TR HOBE SOUND, FL 33455



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number	 Applied For
54-2101021	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

No Chg-P

DO NOT WRITE

NORTH PALM BEACH, FL 33408		IN THIS SPACE				
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 pointed name of registered agent and tibe i applicable. (NOTE Registered Agent signature required when reinstating) OATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GORMAN, JEAN 8022 SE HELEN TR HOBE SOUND, FL 33455				1100000552634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000552634 05/15/06-80018-018 150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷			IN '	THIS SPACE	
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied ental 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 of the receiver of trustee empoyered 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 the emplowered.						