

ANNUAL REPORT

DOCUMENT # P03000046838

1. Entity Name
JUMAR SERVICE, INCJan 14,
Seci

Principal Place of Business

1290 21ST STREET
NAPLES, FL 34117

Mailing Address

1290 21ST STREET
NAPLES, FL 34117

01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2667376Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUENTES, MARI E
1290 21ST STREET
NAPLES, FL 34117DO NOT WRITE
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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST ZIP	D FUENTES, JULIO 1290 21ST STREET NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY - ST ZIP	D FUENTES, MARIA E 1290 21ST STREET NAPLES, FL 34117
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DO NOT WRITE
IN THIS SPACE11000001181401
01/14/05-80048-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Julio Fuentes 1/12/05 239-253-1124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #