


FILED
Apr 03, 2006 8:00 am
Secretary of State

03-22-2006 90016 013 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000046838 1. Entity Name JUMAR SERVICE, INC	
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Principal Place of Business 1290 21ST STREET NAPLES, FL 34117	Mailing Address 1290 21ST STREET NAPLES, FL 34117
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DO NOT WRITE IN THIS SPACE

66008244



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2667376	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FUENTES, MARI E 1290 21ST STREET NAPLES, FL 34117

**DO 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-electing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/9/06 <small>Date</small>	239-232-1124 <small>Daytime Phone #</small>
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