## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P03000064757** 03-11-2005 90303 001 \*\*\*150.00 1. Entity Name JMS SOUTHWEST CORP. Principal Place of Business Mailing Address 13180 N CLEVELAND, STE 111 13180 N CLEVELAND, STE 111 NORTH MYERS, FL 33903 NORTH MYERS, FL 33903 2. Principal Place of Business 3. Mailing Address 17595 S. TAMIAMI TRAIL <u>17595 S. TAMIAMI TRAIL</u> Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02272005 Chg-P City & State City & State 4. FEI Number Applied For FT. MYERS, FT. MYERS, 56-2371144-Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 33908 USA 33908 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAJOR, MICHAEL 13180 N CLEVELAND, STE 111 Street Address (P.O. Box Number is Not Acceptable) NORTH MYERS, FL 33903 Citstero 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 life If applicable. (NOTE: Registered Agent eigneture required when reinstating) DATE After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete TITLE K Change ☐ Addition NAME -**OUELLET, STEPHANE** NAME 21622 PORTRUSH RUN STREET ADDRESS 1121 CARILLON STREET ADDRESS CITY-ST-ZIP VAL-BELAIR, QUEBEC, CANADA, G3K 1C6 CITY-ST-ZIP ESTERO, FL 33928 TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ITILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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.

FILED Mar 11, 2005 8:00 am