

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90245 048 ***150.00

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01052007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000073899			
1. Entity Name JMS SERVICE CO., INC.			
Principal Place of Business 5546 RAINEY AVENUE W. ORANGE PARK, FL 32065		Mailing Address 5546 RAINEY AVENUE W. ORANGE PARK, FL 32065	
2. Principal Place of Business - No P.O. Box # 3183 Russell Rd.		3. Mailing Address 3183 Russell Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Green Cove Springs, FL		City & State Green Cove Springs, FL	
Zip 32043	Country Clay	Zip 32043	Country Clay
4. FEI Number 90-0098127		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMOAK, LINDA D 5546 RAINEY AVENUE W. ORANGE PARK, FL 32065		7. Name and Address of New Registered Agent Name LINDA D. SMOAK Street Address (P.O. Box Number is Not Acceptable) 3183 Russell Rd. City Green Cove Springs FL Zip Code 32043	
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 <i>Linda D. Smoak</i> DATE 1/5/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SMOAK, LINDA D 5546 RAINEY AVENUE W. ORANGE PARK, FL 32065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LINDA D. SMOAK 3183 Russell Rd. Green Cove Springs, FL 32043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Linda D. Smoak</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/5/07 904-226-4486 <small>Daytime Phone #</small>	