

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000085256

**FILED**  
**Jul 06, 2006**  
**Secretary of State**

**Entity Name:** JTS ENTERPRISES OF MARTIN COUNTY INC.

**Current Principal Place of Business:**

6955 SW WOODBINE WAY  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

6955 SW WOODBINE WAY  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 51-0478506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, JOHN T  
6955 SW WOODBINE WAY  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SMITH, JOHN T  
Address: 6955 WOODBINE WAY  
City-St-Zip: PALM CITY, FL 34990 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: SMITH, SUZANNE  
Address: 6955 WOODBINE WAY  
City-St-Zip: PALM CITY, FL 34990 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE SMITH

VP

07/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date