


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000101330**

1. Entity Name  
**JMF TRANSCRIPTION, INC.**



Principal Place of Business      Mailing Address

**POST OFFICE BOX 187  
TAVARES, FL 32778**      **POST OFFICE BOX 187  
TAVARES, FL 32778**

**DO NOT WRITE IN THIS SPACE**



02282006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**30-0204411**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

**FLAVELL, JANET M  
555 PARK GLEN DRIVE  
TAVARES, FL 32778**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLAVELL, JANET M 555 PARK GLEN DRIVE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WILLIAMS, SYBIL F 3925 MAGNOLIA AVENUE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000458158  
03/17/06-80034-003 150.00

**DO NOT WRITE  
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:** *Janet M. Flavell*    Janet M. Flavell    3/3/06    (352) 343-186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #