2006 FOR PROFIT CORPORATION
ANNUAL REPORT · ·

DOCUMENT # P03000155447

1. Entity Name
JMMP, INC.

Principal Place of Business	Mailing Address
4022 GREEN BLVD. NAPLES, FL 34118 US	448 GOLFVIEW DRIVE NAPLES, FL 34110 US

DO NOT WRITE IN THIS SPACE

01222006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
86-1091303	Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, JOHN C
448 GOLFVIEW DRIVE
NAPLES, FL 34110

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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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   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	U0000040B878 02/02/06-80020-024 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P/D
NAME	MARTIN, SONYA
STREET ADDRESS	448 GOLFVIEW DRIVE
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	S/D
NAME	MARTIN, JOHN C
STREET ADDRESS	448 GOLFVIEW DRIVE
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   JOHN C MARTIN   1/23/06   239-513-1211

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