


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90009 024 ***150.00

DOCUMENT # P04000011235 1. Entity Name SJM SERVICES INC			
Principal Place of Business 174 PLANTATION SHORES DR TAVERNIER, FL 33070		Mailing Address P O BOX 1578 KEY LARGO, FL 33037	
2. Principal Place of Business 87200 Overseas Hwy. Suite, Apt. #, etc. 010		3. Mailing Address P.O. Box 375 Suite, Apt. #, etc.	
City & State Islamorada, Florida		City & State Islamorada, FL	
Zip 33036		Zip 33036	
Country USA		Country USA	
4. FEI Number 20-0596881		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 MCCORMICK, JENNIFER 174 PLANTATION SHORES DR TAVERNIER, FL 33070		7. Name and Address of New Registered Agent Name Jennifer McCormick Street Address (P.O. Box Number is Not Acceptable) 87200 Overseas Hwy 010 City Islamorada FL Zip Code 33036	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P	NAME MCCORMICK, STEVEN	TITLE P	NAME Steven McCormick
STREET ADDRESS 174 PLANTATION SHORES DR	CITY-ST-ZIP TAVERNIER, FL 33070	STREET ADDRESS 87200 Overseas Hwy 010	CITY-ST-ZIP Islamorada, FL 33036
TITLE VP	NAME MCCORMICK, JENNIFER	TITLE V	NAME Jennifer McCormick
STREET ADDRESS 174 PLANTATION SHORES DR	CITY-ST-ZIP TAVERNIER, FL 33070	STREET ADDRESS 87200 Overseas Hwy 010	CITY-ST-ZIP Islamorada, FL 33036
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CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	CITY-ST-ZIP NAME
TITLE NAME	STREET ADDRESS NAME	TITLE NAME	STREET ADDRESS NAME
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	CITY-ST-ZIP NAME
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.			
SIGNATURE: Jennifer McCormick		Date: 2-27-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 305-852-7783	