

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90239 049 \*\*\*150.00

**DOCUMENT # P04000052341**

1. Entity Name  
**JMJMAC ENTERPRISES, INC.**



Principal Place of Business  
**4 MARLWOOD LN  
PALM BEACH GARDENS, FL 33418**

Mailing Address  
**4 MARLWOOD LN  
PALM BEACH GARDENS, FL 33418**

**50020802**



02252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**81-0649367**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOCHSZTEIN, FRED ESQ.  
1930 HARRISON ST., STE. 204  
HOLLYWOOD, FL 33020**

Name **MARY JO MCEVOY**

Street Address (P.O. Box Number is Not Acceptable)  
**4 MARLWOOD LANE**

City **PALM BEACH GARDENS**

**FL**

Zip Code  
**33418**

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]*

**MARY JO MCEVOY, PRES**

**2-25-05**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete  
NAME **MCEVOY, MARY J**  
STREET ADDRESS **1930 HARRISON ST., STE. 204**  
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☒ Change ☐ Addition  
NAME **MARY JO MCEVOY**  
STREET ADDRESS **4 MARLWOOD LANE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **VD** ☐ Delete  
NAME **MCEVOY, JOHN**  
STREET ADDRESS **1930 HARRISON ST., STE. 204**  
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☒ Change ☐ Addition  
NAME **MARY JO MCEVOY**  
STREET ADDRESS **4 MARLWOOD LANE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARY JO MCEVOY, PRES 2-25-05**

Date

Daytime Phone #

**561-626-4524**