


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P04000096803	
1. Entity Name JTM TELECOM, INC.	

Principal Place of Business 19212 FISHERMANS BEND DRIVE LUTZ, FL 33558 US	Mailing Address 19212 FISHERMANS BEND DRIVE LUTZ, FL 33558 US
---	---



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1288850	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  FOWLER, MARGARET M 19212 FISHERMANS BEND DRIVE LUTZ, FL 33558
--

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOWLER, MARGARET M 19212 FISHERMANS BEND DRIVE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGLONE, THOMAS 19212 FISHERMANS BEND DRIVE LUTZ, FL 33558
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	

000000392005  
01/24/06-80064-007 150.00

**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:**

*Margaret Fowler* Margaret Fowler 01-13-06 813-909-2950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #