

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000103027

1. Entity Name
J.P. CARMONA, INC.



FILED

05 APR 20 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
203 SANDERS CEMETERY RD
SOPCHOPPY, FL 32358

Mailing Address
203 SANDERS CEMETERY RD
SOPCHOPPY, FL 32358

2. Principal Place of Business

812 Lonnie Baker Rd.
Suite, Apt. #, etc.

3. Mailing Address

812 Lonnie Baker Rd.
Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Crawfordville FL

Zip
32327

Country
U.S.

Zip
32327

Country
U.S.

04202005

Chg-P

CR2E034 (10/03)

MRLB

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARMONA, JON P
203 SANDERS CEMETERY RD
SOPCHOPPY, FL 32358

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

812 Lonnie Baker Rd.

City

Crawfordville

FL

Zip Code 32327

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)

4-20-05

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

TITLE P
NAME CARMONA, JON P
STREET ADDRESS 203 SANDERS CEMETERY RD
CITY-ST-ZIP SOPCHOPPY, FL 32358

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05

Date

926-3879

Daytime Phone #