2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # P05000085310** 04-24-2006 90453 021 ***150.00 JOHMER, INC. Principal Place of Business Mailing Address 601 22ND STREET N 601 22ND STREET N 50015306 ST PETERSBURG, FL 33713 ST PETERSBURG, FL 33713 2. Principal Place of Business 3. Mailing Address 2/5/2 97# AV. No Suite, Apt. #, etc. 21.52 9TH AV. No Chg-P 04112006 CR2E034 (11/05) City & State City & State Applied For 4. FEI Number SAINT PETELSBURG FLORIDA SAINT PETERSBURG FLORIDA 20-3090626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHN CARVALIS CARVALIS, JOHN E Street Address (P.O. Box Number is Not Acceptable) 601 22ND STREET N ST PETERSBURG, FL 33713 SAINT PETERSBURG FLORIPA 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept JOHN CARVALIS PRESIDENT (NOTE: stered Agent signature required when reinstating) 9. Election Campaign Figancing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D P TITLE ☐ Delete **Change** ☐ Addition 0530N, HOMER 2152 9TH AVENO OSBON, HOMER C NAME MAME 601 22ND STREET N STREET ADDRESS STREET ADDRESS SAINT PETELSBULG FLORIDA 33713 CITY-ST-ZIP ST PETERSBURG, FL 33713 CITY-ST-ZIP TITLE Addition TITLE □ Delete JOHN CARVAUS CARVALIS, JOHN E NAME 2152 9TH AV. NOCTH 601 22ND STREET N STREET ADDRESS STREET ADORESS CITY-ST-ZIP ST PETERSBURG, FL 33713 CITY-ST-ZIP SHINT PETERSBURG FLORINA 33713 ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the examptions 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 signalure 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 requiled 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 JOHN CARVALIS

FILED