

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90002 046 ***150.00

DOCUMENT # P05000138983

1. Entity Name
JSM HOUSING & SERVICES ETC, INC.



Principal Place of Business
**370 NW 46 AVENUE
PLANTATION, FL 33317 US**

Mailing Address
**370 NW 46 AVENUE
PLANTATION, FL 33317 US**

50023703



2. Principal Place of Business

3. Mailing Address

P.O. Box 8991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132006 Chg-P CR2E034 (11/05)

City & State

City & State
Fort Lauderdale, FL

4. FEI Number
16-174 0128

Applied For
Not Applicable

Zip Country

Zip Country
33310 Broward

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

**MCCLAM, JAMES W
370 NW 46 AVENUE
PLANTATION, FL 33317**

Name

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

City

FL

Zip Code

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 James W. McClam
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-27-06
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MCCLAM, JAMES W**
STREET ADDRESS **370 NW 46 AVENUE**
CITY-ST-ZIP **PLANTATION, FL 33317**

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

TITLE **VP** ☐ Delete
NAME **MCCLAM, SELENA A**
STREET ADDRESS **370 NW 46 AVENUE**
CITY-ST-ZIP **PLANTATION, FL 33317**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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: Seleena A. McClam

7-27-06

Date

Daytime Phone #