

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90349 024 ***150.00

DOCUMENT # P19607

1. Entity Name
JOMALKA INCORPORATED



Principal Place of Business
**P O BOX 10172
COCOA, FL 32927 US**

Mailing Address
**P O BOX 10172
COCOA, FL 32927 US**



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-1255692

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, MALCOLM J
3612 INDIAN RIVER DRIVE
COCOA, FL 32926**

**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 _____

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

TITLE	P
NAME	PHILLIPS, MALCOLM J.
STREET ADDRESS	3612 INDIAN RIVER DRIVE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	PHILLIPS, ALICE L
STREET ADDRESS	3612 INDIAN RIVER DRIVE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	PHILLIPS, JOHN D
STREET ADDRESS	3788 GALWAY CT
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	SD
NAME	PHILLIPS, KAREN L
STREET ADDRESS	455 WINONA LAKES
CITY-ST-ZIP	EAST STROUDSBURG, PA 18301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

3/1/05