


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90002 048 ***550.00

DOCUMENT # P94000049439	
1. Entity Name JMR FOUNDATIONS, INC.	

Principal Place of Business 5345 APPLETON AVE JACKSONVILLE, FL 32210	Mailing Address 6189 BOBBY PADGETT ROAD JACKSONVILLE, FL 32234
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40097703



2. Principal Place of Business 6189 Bobby Padgett Road	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04152006 Chg-P CR2E034 (11/05)

City & State Jacksonville, FL	City & State
Zip 32234	Country

4. FEI Number 59-3256720	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RONEY, JAMES 5345 APPLETON AVE JACKSONVILLE, FL 32210
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6189 Bobby Padgett Road City Jacksonville FL Zip Code 32234

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RONEY, JAMES 6189 BOBBY PADGETT ROAD JACKSONVILLE, FL 32234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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