

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90144 045 ***150.00

DOCUMENT # P94000074212

1. Entity Name
JUMER & SONS, CORP.



Principal Place of Business Mailing Address

P O BOX 22613 P O BOX 22613
 HIALEAH, FL 33002 US HIALEAH, FL 33002 US

DO NOT WRITE IN THIS SPACE

40077034



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0537100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

-6.-Name and Address of Current Registered Agent-

GARCIA, E
~~507 W 5TH PL~~ *507 W 55TH PL*
 HIA, FL 33012

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, E 507 W 5 PL <i>507 W 55 PL</i> HIA, FL 32012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARCIA, M 507 W 5 PL <i>507 W 55 PL</i> HIA, FL 33012
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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06
 Date Daytime Phone #