

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90022 026 ***150.00

DOCUMENT # P95000009081					
1. Entity Name JEMJO ENTERPRISES, INC.					
Principal Place of Business 740 E EAU GALLIE BLVD INDIAN HARBOR BEACH, FL 32937 US			Mailing Address 740 E EAU GALLIE BLVD INDIAN HARBOR BEACH, FL 32937 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07052006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3294831				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOSS, JESSE E 740 E EAU GALLIE BLVD INDIAN HARBOR BEACH, FL 32937			Name MARK WALKER		
			Street Address (P.O. Box Number is Not Acceptable) 740 E. EAU GALLIE BLVD.		
			City INDIAN HARBOUR BEACH, FL		
			Zip Code 32937		
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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D	NAME WALKER, MARK E <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1305 MERCEDES DR.	CITY- ST- ZIP MERRITT ISLAND, FL 32952		STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP		STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP		STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP		STREET ADDRESS	CITY- ST- ZIP	
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STREET ADDRESS	CITY- ST- ZIP		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:			7-5-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		