

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90026 041 ***150.00

DOCUMENT # P95000062301					
1. Entity Name J.M.R. REAL ESTATE, INC.					
Principal Place of Business 1324 S MAIN ST BELLE GLADE, FL 33430 US			Mailing Address 1324 S MAIN ST BELLE GLADE, FL 33430 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0735785	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALSTON, CALVIN D. 1324 S MAIN ST BELLE GLADE, FL 33430			7. Name and Address of New Registered Agent Name <u>Jennifer E. Mailman</u> Street Address (P.O. Box Number is Not Acceptable) <u>1324 S MAIN ST</u> City <u>Belle Glade</u> FL Zip Code <u>33430</u>		
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 <u>[Signature]</u> DATE <u>3/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006, Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLER, MONA L <input checked="" type="checkbox"/> Delete 1324 S MAIN ST BELLE GLADE, FL 33430		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST <u>Barbara Alston</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1324 S. main street Belle Glade FL 33430	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Delete ALSTON, CALVIN D. 1324 S MAIN ST BELLE GLADE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jennifer Mailman 1324 S. main street Belle Glade FL 33430	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/16/06</u> Daytime Phone # <u>561-996-4524</u>		