

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000002336

1. Entity Name
J&M ENT. OF JOHNS PASS, INC.



Principal Place of Business
145 BOARDWALK PLACE
MADEIRA BEACH, FL 33708 US

Mailing Address
12931 96TH AVE N
SEMINOLE, FL 33776-1802



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3349285 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALBERTSON, MICHAEL
12931 - 96TH AVENUE, NORTH
SEMINOLE, FL 33776

**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, 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 PD
NAME ALBERTSON, MICHAEL
STREET ADDRESS 12931 - 96TH AVENUE, NORTH
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE VPD
NAME ALBERTSON, JOANNE
STREET ADDRESS 12931 - 96TH AVENUE, NORTH
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/11/06-80015-003.150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL ALBERTSON

2-27-2006
Date

727 3926912
Daytime Phone #