2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000008858

1. Entity Name
J. & M. PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
5790 COPPER LEAF LANE NAPLES, FL 34116	5790 COPPER LEAF LANE NAPLES, FL 34116 US

DO NOT WRITE IN THIS SPACE

01232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0695904	Not Applicable

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

6. Name and Address of Current Registered Agent

JUREIT, LESLIE
5790 COPPER LEAF LANE
NAPLES, FL 34116

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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 _____

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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U000000604063 01/29/07-80038-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	JUREIT, LESLIE L
STREET ADDRESS	5790 COPPER LEAF LANE
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	DVPS
NAME	MUELLER, CYNTHIA E
STREET ADDRESS	5790 COPPER LEAF LANE
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Leslie Jureit Leslie Jureit_   1/23/07   239.352.6692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #