

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90431 013 ***150.00

40060614



DOCUMENT # P96000009569 1. Entity Name J. SEHLMAYER, INC.						
Principal Place of Business 188 HAMPTON CIRCLE JUPITER, FL 33458			Mailing Address 188 HAMPTON CIRCLE JUPITER, FL 33458			
2. Principal Place of Business 429 N.E. LEAPING FROG WAY Suite, Apt. #, etc.		3. Mailing Address 429 N.E. LEAPING FROG WAY Suite, Apt. #, etc.		03142006 Chg-P CR2E034 (11/05)		
City & State PORT ST. LUCIE, FL		City & State PORT ST. LUCIE, FL		4. FEI Number 65-0649190		
Zip 34983		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LYNCH, J D 224 COMMERCIAL BLVD. STE 310 LAUDERDALE BY THE SEA, FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	P SEHLMAYER, ERNEST 188 HAMPTON CIRCLE JUPITER, FL 33458		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	429 N.E. LEAPING FROG WAY PORT ST. LUCIE, FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			ERNEST SEHLMAYER		03/17/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						