2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 08:00 AM Secretary of State

	MENT # P96			Secretary of State						
1. Entity Nan JM SALE	ne ES & MARKETINO	3, INC.								
1359 TEA R			Mailing Address 1359 TEA ROSE PLACE	-			-			
SARASOTA,	FL 34239		SARASOTA, FL 34239		3 - Ella-E					
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	6. Name and Addre	ss of Current Regi	Stered Agent		**	eran eran eran eran eran eran eran eran	Barrier a agrantia. Braderior a servicio. No. 1007	are America	Active Association of the second	The state of
MUSCATELL, JOE 1359 TEA ROSE PLACE SARASOTA, FL 34239			, .			-,	WRITI SPACE		4	
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	named entity submits the tions of registered agent		purpose of changing its re	agistered office or	régistered	l agent, or bo	oth, in the State	of Florida. I am	familiar with,	end accept
SIGNATURE	Signature, typed or printed name	of registered agent and title	Happlicable. (NOTE !	Regislered Agent signatur	• required wh	nen reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
	E NOW!!! FEE IS:	\$150.00	9. Election Campaign	n Financina	¢E A	0 May Be				
	ay 1, 2005 Fee wi		Trust Fund Contrib		Added	to Fees	<u> </u>			
10.	6		Trust Fund Contrib		Added	to Fees	Ma Mada Jamas			
	P MUSCATELL, JOE	ii de \$550.00 FFICERS AND DIRE	Trust Fund Contrib		Addec	to Fees	Manager of J. 2 7 M Charles			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUSCATELL, JOE 1359 TEA ROSE PL SARASOTA, FL 34	it be \$550.00 FFICERS AND DIRE	Trust Fund Contrib		Addec	to Fees	U000	00036015 05-80021	700 700 700 700 700 700 700 700 700 700	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/28/05

X941-954-1219 Daysimo Prone #