

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000087289

1. Entity Name
J. MICHAEL ENTERPRISE, INC.



Principal Place of Business
2840 CR220
MIDDLEBURG FL 32068

Mailing Address
2840 CR220
MIDDLEBURG FL 32068

FILED
Apr 20, 2005 08:00 AM
Secretary of State



01082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3415384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LODGE, JAMES M
2840 CR 220
MIDDLEBURG, FL 32068

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	LODGE, JAMES M
STREET ADDRESS	2840 CR 220
CITY-ST-ZIP	MIDDLEBURG, FL 32068

TITLE	T
NAME	LODGE, JAMES M
STREET ADDRESS	2840 CR 20
CITY-ST-ZIP	MIDDLEBURG, FL 32068

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	

U00000318247
04/20/05-80052-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: _____

J.M. Lodge

J.M. LODGE

4-18-05

904-403-9420