

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000004614

1. Entity Name
JM PRINTING ENTERPRISES, INC.



Principal Place of Business
**4855 PARK STREET NORTH
ST. PETERSBURG, FL 33709**

Mailing Address
**C/O SIR SPEEDY PRINTING
4855 PARK STREET NORTH
SAINT PETERSBURG, FL 33709**



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3426457

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ENGLANDER & FISCHER, P.A.
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701**

**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**

**000000502086
04/25/06-80088-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ANDERSON, JEFFREY J
STREET ADDRESS 4855 PARK STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE STD
NAME ANDERSON, MATTHEW K
STREET ADDRESS 4855 PARK STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

Date

Daytime Phone #

✓ 414106

✓ 727 541445