

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90091 002 \*\*\*150.00

**DOCUMENT # P99000008470**

1. Entity Name  
**JML GARDENS, INC.**



Principal Place of Business

2125 GOLDENROD STREET  
SARASOTA, FL 34239

Mailing Address

2125 GOLDENROD STREET  
SARASOTA, FL 34239



01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0892169

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CARMACK, LESLIE  
2125 GOLDENROD STREET  
SARASOTA, FL 34239

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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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEES, JANE M
STREET ADDRESS	2125 GOLDENROD STREET
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	M
NAME	LEES, JANE M
STREET ADDRESS	2125 GOLDENROD STREET
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	VP
NAME	CARMACK, LESLIE
STREET ADDRESS	2125 GOLDENROD
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:** LESLIE CARMACK VICE PRES. Leslie Carmack 2/18/06 941-955-3839  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #