

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90013 049 ***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



2. Principal Place of Business - No P.O. Box #

2125 Goldenrod ST

Suite, Apt. #, etc.

3. Mailing Address

2125 Goldenrod ST

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

SARASOTA Florida

Zip

34239

Country

SARASOTA

City & State

SARASOTA Florida

Zip

34239

Country

SARASOTA

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

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

Leslie Carmack

4-2-08

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEES, JANE M	
STREET ADDRESS	2125 GOLDENROD STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	M	<input type="checkbox"/> Delete
NAME	LEES, JANE M	
STREET ADDRESS	2125 GOLDENROD STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARMACK, LESLIE	
STREET ADDRESS	2125 GOLDENROD	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Leslie Carmack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-08

Date

941-955-3837

Daytime Phone #