


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90085 013 ***150.00

DOCUMENT # P99000065727

1. Entity Name
J.C.M. & M. ENDEAVORS, INC.



Principal Place of Business
**P.O. BOX 60095
 FORT MYERS FL 33906-6095**

Mailing Address
**P.O. BOX 60095
 FORT MYERS FL 33906-6095**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
14000 SHIMMERING LAKE CT.
 Suite, Apt. #, etc.

3. Mailing Address
14000 SHIMMERING LAKE CT.
 Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

Zip
33907

Country

Zip
33907

Country

4. FEI Number
59-3600898

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COOK, J. HARRIS
 7510 RIDGE ROAD
 PORT RICHEY FL 34668**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May I
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, JAMES H	
STREET ADDRESS	14000 SHIMMERING LAKE COURT	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, CLARA E	
STREET ADDRESS	14000 SHIMMERING LAKE COURT	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, MATTHEW P	
STREET ADDRESS	7914 LEOTA LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, MELISSA A	
STREET ADDRESS	12415 BERKELEY SQ DR	
CITY-ST-ZIP	TAMPA FL 32626	
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"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DAVIS, CLARA E	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HENRY, MELISSA A	
STREET ADDRESS	12730 TAR FLOWER DR	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JAMES H. DAVIS** **2/07/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #