

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90047 006 ***150.00

DOCUMENT # S63214

1. Entity Name

J-M-J ASSOCIATES INC.



Principal Place of Business

1161 SUN CENTURY RD
S2
NAPLES FL 34110
US

Mailing Address

1161 SUN CENTURY RD
S2
NAPLES FL 34110
US

2. Principal Place of Business

28210 OLD 41 RD.

3. Mailing Address

28210 OLD 41 RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

309

309

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135

Country

US

Zip

Country

4. FEI Number

65-0271235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, DAVID B
1989 IMPERIAL GULF COVE BLVD
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name Cox, David B.

Street Address (P.O. Box Number is Not Acceptable)

1989 Imperial Golf Crs. Blvd.

City

Naples

FL

Zip Code

34110

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

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 STD ☐ Delete
NAME JOHNSON, JEFFREY J
STREET ADDRESS 28730 DIAMOND DR.
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE DS ☐ Delete
NAME COX, DAWN R
STREET ADDRESS 1989 IMPERIAL GOLF COURSE BLVD
CITY-ST-ZIP NAPLES FL 34110

TITLE PD ☐ Delete
NAME COX, DAVID B.
STREET ADDRESS 1989 IMPERIAL GOLF COURSE BLVD
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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 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 #

David Cox 1/25/05 239-566-3232

40008495



1st MOORE

CR2E034 (10/04)