


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # V18672 1. Entity Name JOMARCO, INC.	
--	---

Principal Place of Business
**101 SW 136TH STREET
NEWBERRY, FL 32669**

Mailing Address
**101 SW 136TH STREET
NEWBERRY, FL 32669**



01142005 No Chg-P CF2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3118086	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARTIN, JOHN J.
101 SW 136TH ST.
NEWBERRY, FL 32669**

**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 (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**

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

**000000301812
04/13/05-80043-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MARTIN, JOHN J. JR. 101 SW 136TH ST. NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTIN, JOHN J. JR. 101 SW 136TH ST. NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  **JOHN J. MARTIN, PRES** **4/11/05** **352-214-8686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #