## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 09, 2007 08:00 AM Secretary of State DOCUMENT #V18672 1. Entity Name JOMARCO, INC. Principal Place of Business Mailing Address 101 SW 136TH STREET 101 SW 136TH STREET NEWBERRY, FL 32669 NEWBERRY, FL 32669 01232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3118086 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIN, JOHN J. DO NOT WRITE 101 SW 136TH ST. NEWBERRY, FL 32669 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) U00000661091 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be 03/20/07-80026-018 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MARTIN, JOHN J. JR. 101 SW 136TH ST. STREET ADORESS CITY-ST-ZIP NEWBERRY, FL 32669 TITLE MARTIN, JOHN J. JR. NAME STREET ADDRESS 101 SW 136TH ST. CITY-ST-ZIP NEWBERRY, FL 32669 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 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 attachigent with an execute this report care.

SIGNATURE:

FRONTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07 352-214-8682

**FILED**