


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 556651
 1. Entity Name
JMG ENTERPRISES, INC.



Principal Place of Business
**5803 TOLMAN COURT
 TAMPA, FL 33647**

Mailing Address
**5803 TOLMAN COURT
 TAMPA, FL 33647**

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1788005 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MEYER, GARY D.
 5803 TOLMAN COURT
 TAMPA, FL 33647**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

U00000150133
 05/03/04-80214-017 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD MEYER, GARY 5803 TOLMAN COURT TAMPA, FL 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MEYER, ROBERT M 801 WILLOWBRANCH AVENUE CLEARWATER, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MEYER, BETTY I 801 WILLOWBRANCH AVENUE CLEARWATER, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS ROSE, DIANA L. 5803 TOLMAN COURT TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *Gary D Meyer* **4/29/04** **813/97-4067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #