


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 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**



04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1788005** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEYER, GARY D.  
5803 TOLMAN COURT  
TAMPA, FL 33647**

**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 \_\_\_\_\_ (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

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

U00000359711  
05/05/05-80004-002 150.00

**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: *Gary D Meyer* **GARY D. MEYER** 4/29/05 813/971-4067  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #