

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90031 023 ***150.00

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| DOCUMENT # F95000005634 | | | |  | |
| 1. Entity Name JMC FINANCIAL GROUP, INC. | | | | | |
| Principal Place of Business 100 GRANDVIEW RD #207 BRAINTREE, MA 02184 | | | Mailing Address 100 GRANDVIEW RD #207 BRAINTREE, MA 02184 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | 4. FEI Number 04-3150753 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| FL | | | Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE D | NAME CORCORAN, JOHN M | <input checked="" type="checkbox"/> Delete | TITLE Dire | NAME Corcoran, John M., Jr. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 100 GRANDVIEW RD | CITY-ST-ZIP BRAINTREE, MA 02184 | | STREET ADDRESS 100 Grandview Road | CITY-ST-ZIP Braintree, MA 02184 | |
| TITLE D | NAME CORCORAN, P L | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 100 GRANVIEW ROAD | CITY-ST-ZIP BRAINTREE, MA 02184 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE PD | NAME HIGH, RICHARD J | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 100 GRANDVIEW RD | CITY-ST-ZIP BRAINTREE, MA 02184 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE TS | NAME MURPHY, LAWRENCE J | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 100 GRANDVIEW ROAD | CITY-ST-ZIP BRAINTREE, MA 02184 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE AS | NAME SJOQUIST, KAREN A | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 100 GRANDVIEW ROAD | CITY-ST-ZIP BRAINTREE, MA 02184 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | 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: <i>Lawrence J. Murphy</i> | | | 2/18/04 | | 781-849-0011 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |
| Lawrence J. Murphy, Treasurer | | | | | |