

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

01-30-2004 90085 028 ***150.00

DOCUMENT # G13575 1. Entity Name J. M. MARKETING CONCEPTS, INC.					
Principal Place of Business 19750 BEACH ROAD APT#301 TEQUESTA, FL 33469			Mailing Address 19750 BEACH ROAD APT#301 TEQUESTA, FL 33469		
2. Principal Place of Business 7521 Marsh Cove <small>Suite, Apt. #, etc.</small>		3. Mailing Address 11231 US Hwy One, #380 <small>Suite, Apt. #, etc.</small>			
City & State Palm Beach Gardens, FL		City & State North Palm Beach, FL		4. FEI Number 59-2243590	
Zip 33418		Country USA		Zip 33408	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MITCHELL, JANE 19750 BEACH RD #301 TEQUESTA, FL 33469				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7521 Marsh Cove City Palm Beach Gardens FL Zip Code 33418	
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD MITCHELL, JANE 19750 BEACH ROAD #301 TEQUESTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	- mailing address changed <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11231 US Hwy One, #380 North Palm Beach FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BLAND, JEFFERY S. 19750 BEACH ROAD #301 TEQUESTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	- mailing address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11231 US Hwy One, #380 North Palm Beach FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Jane Mitchell</u> JANE MITCHELL, PRES.			Date <u>2-18-04</u> Daytime Phone # <u>561-630-8353</u>		