2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # G52316

1. Entity Name
THE "J. M. P." COMPANY, INC.

Principal Place of Business	Mailing Address
102 N. SWINTON AVE DELRAY BEACH, FL 33444 US	P.O. BOX 7538 DELRAY BEACH, FL 33428 US

03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2324797
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, ROBERT M
102 N SWINTON AVE
DELRAY BEACH, FL 33444

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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 _____
Signature, typed or printed name of registered agent and title if applicable. DATE Registered Agent's 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. ☐ **$5.00** May Be Added to Fees

U00000094567
03/23/04-80001-014 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARISER, PAUL S
STREET ADDRESS	3590 S OCEAN BLVD, APT 209
CITY ST ZIP	PALM BEACH, FL 33480
TITLE	S
NAME	REID, LUCIE S
STREET ADDRESS	3590 S OCEAN BLVD, APT 209
CITY ST ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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: Lucie S Reid Lucie S. Reid 3-18-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Lucie S. Reid 466 995-9181