


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90142 042 \*\*\*158.75

<b>DOCUMENT # G52316</b> 1. Entity Name <b>THE "J. M. P." COMPANY, INC.</b>	
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Principal Place of Business <b>102 N. SWINTON AVE DELRAY BEACH, FL 33444 US</b>	Mailing Address <b>P.O. BOX 7538 DELRAY BEACH, FL 33428 US</b>
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02102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2324797</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>SCHWARTZ, ROBERT M 102 N SWINTON AVE DELRAY BEACH, FL 33444</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARISER, PAUL S <del>3590 S OCEAN BLVD, APT 200</del> PO Box 7538 <del>PALM BEACH, FL 33480</del> Delray Beach FL 33482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REID, LUCIE S <del>3590 S OCEAN BLVD, APT 200</del> PO Box 7538 <del>PALM BEACH, FL 33480</del> Delray Beach FL 33482
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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:  **7/20/14/01 405-955-3318**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #