

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90038 034 ***150.00

DOCUMENT # G52316

1. Entity Name

THE "J. M. P." COMPANY, INC.



Principal Place of Business

4700 NW BOCA RATON BLVD.
SUITE 104
BOCA RATON FL 33431
US

Mailing Address

1600 DEXTER AVENUE NORTH
SUITE B2
SEATTLE WA 98109
US

2. Principal Place of Business - No P.O. Box #

235 MARINE VIEW DRIVE

3. Mailing Address

P.O. Box 849

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/07)

City & State

OCEAN SHORES, WA

City & State

OCEAN SHORES, WA

4. FEI Number

59-2324797

Applied For

Not Applicable

Zip

98569

Country

USA

Zip

98569

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, ROBERT M
4700 NW BOCA RATON BLVD.
SUITE 104
BOCA RATON FL 33431

Name

SAME

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

Signature, typed or printed name of registered agent and title, if applicable.

NOTE: Registered Agent signature required when rechartering.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
PRES
PARISER, PAUL S
1600 DEXTER AVENUE NORTH, STE. B2
SEATTLE WA 98109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PARISER, BENJAMIN S
1600 DEXTER AVENUE NORTH, STE. B2
SEATTLE WA 98109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORPM 12, 2008

Date

Daytime Phone #