


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-25-2004 90029 004 ***150.00

DOCUMENT # H34100 1. Entity Name JPG ENTERPRISES, INC.					
Principal Place of Business 4061 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411			Mailing Address 4061 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-2474024			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GEORGE, JOHN P. 4061 ROYAL PALM BCH BLVD ROYAL PALM BEACH, FL 33411				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 NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE, JOHN P. 4061 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN P. GEORGE 2442 BAY VILLAGE CIRCLE PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAC AVENDANO, ARMONDO 4061 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MANUEL A. AVENDANO 555 KIRK ROAD; APT. #A-114 PALM SPRINGS, FL 33461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARY D. BLOOD 13630 KEYLIME BLVD. W. PALM BEACH, FL 33412		(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for officers/directors)		(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for officers/directors)		(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for officers/directors)		(Empty row for additions/changes)		
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 lists empowered.					
SIGNATURE: _____			3/8/04 561-722-7971		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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