

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90215 001 ***300.00

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**

66022169



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05242005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2474024

Applied For
Not Applicable

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

**GEORGE, JOHN P.
4061 ROYAL PALM BCH BLVD
ROYAL PALM BEACH, FL 33411**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/1/05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GEORGE, JOHN P.
2442 BAY VILLAGE CIRCLE
PALM BEACH GARDENS, FL 33410** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
AVENDANO, MANUEL A
555 KIRK ROAD; APT. #A-104
PALM SPRINGS, FL 33461** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BLOOD, MARY D
13630 KEYLIME BLVD.
WEST PALM BEACH, FL 33412** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/05

Date

561-990-2068

Daytime Phone #