## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jun 02, 2004 08:00 AM **DOCUMENT # P01000079776 Secretary of State** 1. Entity Name JTG, INC. Principal Place of Business Mailing Address 429 S. TYNDALL PARKWAY 429 S. TYNDALL PARKWAY SUITE F SUITE F CALLAWAY, FL 32404 PANAMA CITY, FL 32404 No Chg-P 05242004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3750958 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent APPLEBAUM, STEVEN L DO NOT WRITE 9108 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407 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. Signment, systed or printed name of registered agent and title it applicable (MOTE: Registered Agent signature required when rematating) DATE FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. THE NAME GIANDOLFI, JOYCE 429 S. TYNDALL PARKWAY, SUITE F STREET ADDRESS U00000161956 06/02/04-80003-009 150.00 CITY-ST-ZIP PANAMA CITY, FL 32404 TITLE MASK STREET ADDRESS CETY-57-78 TETLE MALE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE NUIT STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CITY-ST-ZP

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 oats; 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 or afrequentment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-DP

URE AND TYPED OR PERSTED NAME OF AGRICUO OFFICER OR DE

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630-015-4476

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