


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90459 047 \*\*\*150.00

<b>DOCUMENT # P02000022777</b>	
1. Entity Name <b>J.P. GROUP, INC.</b>	

Principal Place of Business <b>2400 N NINTH STREET SUITE 101 NAPLES FL 34103</b>	Mailing Address <b>2400 N NINTH STREET SUITE 101 NAPLES FL 34103</b>
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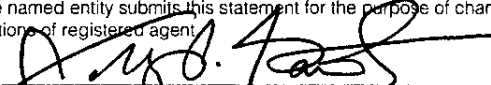
2. Principal Place of Business <b>1 HUGHES WAY 5TH FLOOR</b>	3. Mailing Address <b>6405 CHERRY GROVE CIRCLE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>ORLANDO, FL 32805</b>	City & State <b>ORLANDO, FL</b>
Zip <b>32809</b>	Country



MOORE CR2E034 (11/03)

4. FEI Number <b>43-1951921</b>		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 <b>GANOTE, JEFFREY P 2400 N NINTH STREET SUITE 101 NAPLES FL 34103</b>		7. Name and Address of New Registered Agent Name <b>JEFFREY P. GANOTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6405 CHERRY GROVE CIRCLE</b> City <b>ORLANDO</b> FL Zip Code <b>32809</b>

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.

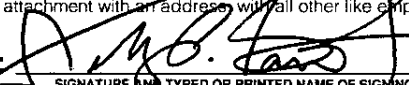
SIGNATURE  DATE **4/19/04**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GANOTE, JEFFREY P 2400 N NINTH STREET SUITE 101 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GANOTE, JEFFREY P. 6405 CHERRY GROVE CIRCLE ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GANOTE, JEFFREY P 2400 N NINTH STREET SUITE 101 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GANOTE, JEFFREY P. 6405 CHERRY GROVE CIRCLE ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GANOTE, STEVEN J. 2400 N NINTH STREET SUITE 101 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GANOTE, STEVEN J. 6405 CHERRY GROVE CIRCLE ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GANOTE, PAUL A 2400 N NINTH STREET SUITE 101 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GANOTE, PAUL A. 6405 CHERRY GROVE CIRCLE ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 (239)269-1113  
Date Daytime Phone #