


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000051550	
1. Entity Name JMU, INC.	

Principal Place of Business 7427 SHEEPSHEAD DRIVE HUDSON, FL 34667	Mailing Address 7427 SHEEPSHEAD DRIVE HUDSON, FL 34667
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DO NOT WRITE IN THIS SPACE



01152005 No Chg-P CR2E034 (10/03)

4. FCI Number 01-0696471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JENKINS, MARGIE K
7427 SHEEPSHEAD DRIVE
HUDSON, FL 34667

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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 retaking) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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

TITLE PSTD	NAME JENKINS, MARGIE K
STREET ADDRESS 7427 SHEEPSHEAD DRIVE	
CITY- ST- ZIP HUDSON, FL 34667	
TITLE VPD	NAME JOHNSON, JOE
STREET ADDRESS 7427 S SHEEPSHEAD DR	
CITY- ST- ZIP HUDSON, FL 34667	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE

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02/10/05-80013-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Margie K. Jenkins **7/6/05** **727-862-2992**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Only Daytime Phone #