2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004
Secretary of State

DOCUMENT# P02000072156

Entity Name: JMA ASSOCIATES, INC.

Current Principal Place of Business:

P.O. BOX 12589
ST. PETERSBURG, FL 33733

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12589
ST. PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 73-1652839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, BARBARA D
12332 CAPRI CIRCLE NORTH
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

ALLEN, BARBARA D
6650 SUNSET WAY
#305
ST. PETE BEACH, FL 33706 US

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.

SIGNATURE: 03/01/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: ALLEN, BARBARA D
Address: P.O. BOX 12589
City-St-Zip: ST. PETERSBURG, FL 33733

Title: VT ( ) Delete
Name: ALLEN, JESSE M
Address: P.O. BOX 12589
City-St-Zip: ST. PETERSBURG, FL 33733

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA D. ALLEN PRES 03/01/2004
Electronic Signature of Signing Officer or Director — Date