


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90477 036 ***150.00

DOCUMENT # P02000133380 1. Entity Name MJP MANAGEMENT, INC.			
Principal Place of Business 4403 NORTHSIDE PARKWAY, APT. 1426 ATLANTA, GA 30327		Mailing Address 4403 NORTHSIDE PARKWAY, APT. 1426 ATLANTA, GA 30327	
2. Principal Place of Business 12029 Majestic Blvd Suite, Apt. #, etc.		3. Mailing Address Prudential Bldg. Suite, Apt. #, etc. 4532 US Highway 19	
City & State Bayonet Point, FL		City & State New Port Richey, FL	
Zip 34667 Country USA		Zip 34652 Country USA	
6. Name and Address of Current Registered Agent GRACY, G. ANDREW 826 BROADWAY DUNEDIN, FL 34698		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MERLINO, PAUL G 5910 SEASIDE DRIVE NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Paul G. Merlino 312 Edith Grove, London, SW10 0LB England
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MERLINO, EIKO 5910 SEASIDE DRIVE NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eiko U. Merlino <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 312 Edith Grove, London, SW10 0LB England
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
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: Eiko Merlino <i>Eiko Merlino</i>		Date 5/4/04 Daytime Phone # 011 44 207 352 2934	

Please note, we moved 4 times last year, some of the letter arrived to us very late. I spoke with your officer today. He advised me to make a note of delayed notice and pay \$150.00. Thank you very much for your help. Eiko U. Merlino