



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90026 017 ***158.75

DOCUMENT # P02000133732 1. Entity Name MPMJ GROUP, INC.					
Principal Place of Business 2920 RIVERSIDE AVENUE JACKSONVILLE, FL 32205				Mailing Address 2920 RIVERSIDE AVENUE JACKSONVILLE, FL 32205	
2. Principal Place of Business 6571 BLANDING BLVD Suite Apt #, etc		3. Mailing Address 6571 BLANDING BLVD Suite Apt #, etc			
City & State JACKSONVILLE, FL Zip 32244 Country USA		City & State JACKSONVILLE, FL Zip 32244 Country USA		4. FEI Number 92-0188764 App'd For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03292004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HOWARD A. CAPLAN, ATTORNEY, P.A. 3900 ATLANTIC BLVD JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PRES SCHWEERS, MICHAEL J PRESIDE 2920 RIVERSIDE AVE JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 another like empowered.					
SIGNATURE: <u><i>Mike Schweers</i></u> MIKE SCHWEERS (PRESIDENT) 3-29-04 (904)317-4711					