

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90400 010 ***150.00

DOCUMENT # P03000002364

1. Entity Name
BUMPY JUMPY, INC.



Principal Place of Business Mailing Address

237 S. CHARLENE DR. 237 S. CHARLENE DR.
 PANAMA CITY, FL 32404 US PANAMA CITY, FL 32404 US

2. Principal Place of Business 3. Mailing Address

7210 Stanford Dr **7210 Stanford Dr**

Suite, Apt. #, etc. Suite, Apt. #, etc.



01232004 Chg-P CR2E034 (10/03)

City & State City & State

Lakeland, FL **Lakeland, FL**

Zip Country Zip Country

33809 **USA** **33809** **USA**

4. FEI Number Applied For

68-0535999 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLEMSSEN, MICHELLE L
237 S. CHARLENE DR.
PANAMA CITY, FL 32404

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7210 Stanford Dr

City State Zip Code

Lakeland **FL** **33809**

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 *Michelle Willemss* DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	P WILLEMSSEN, MICHELLE L 237 S. CHARLENE DR. PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7210 Stanford Dr. Lakeland, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLEMSSEN, SCOTT K 237 S. CHARLENE DR. PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7210 Stanford Dr. Lakeland, FL 33809
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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)(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: *Michelle Willemss* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR