


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 237 S. CHARLENE DR. PANAMA CITY, FL 32404 US	Mailing Address 237 S. CHARLENE DR. PANAMA CITY, FL 32404 US
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2. Principal Place of Business 7210 Stanford Dr Suite, Apt. #, etc.	3. Mailing Address 7210 Stanford Dr Suite, Apt. #, etc.
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City & State Lakeland, FL	City & State Lakeland, FL
Zip 33809	Zip 33809
Country USA	Country USA



01232004 Chg-P CR2E034 (10/03)

4. FEI Number 68-0535999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 Lakeland FL Zip Code 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 Willemssen* (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE 7210 Stanford Dr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLEMSSEN, MICHELLE L		NAME Lakeland, FL 33809	
STREET ADDRESS 237 S. CHARLENE DR.			
CITY-ST-ZIP PANAMA CITY, FL 32404			
TITLE VP	<input type="checkbox"/> Delete	TITLE 7210 Stanford Dr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLEMSSEN, SCOTT K		NAME Lakeland, FL 33809	
STREET ADDRESS 237 S. CHARLENE DR.			
CITY-ST-ZIP PANAMA CITY, FL 32404			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Willemssen* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____