

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90044 043 ***150.00

DOCUMENT # P03000021183

1. Entity Name

MCJUMPP, INC.



Principal Place of Business

~~22811 PANAMA CITY BVH PKWY UNIT43~~
~~PANAMA CITY BCH FL 32413~~

Mailing Address

~~22811 PANAMA CITY BVH PKWY UNIT43~~
~~PANAMA CITY BCH FL 32413~~

2. Principal Place of Business

510 Gainous Road → Same

3. Mailing Address

Suite, Apt. #, etc.

City & State

Panama City Bch, FL

City & State

Zip
32413-3104

Country

Day

Zip

Country

4. FEI Number

26-0061481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAUBERT, GREG L
~~22811 PANAMA CITY BVH PKWY UNIT43~~
~~PANAMA CITY BCH FL 32413~~

7. Name and Address of New Registered Agent

Name: Gaubert, Greg L.
Street Address (P.O. Box Number is Not Acceptable):
510 Gainous Road
Panama City Bch.
City: FL Zip Code: 32413

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PST
NAME: GAUBERT, GREG L ☐ Delete
STREET ADDRESS: ~~22811 PANAMA CITY BVH PKWY UNIT43~~
CITY-ST-ZIP: PANAMA CITY BCH FL 32413

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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CITY-ST-ZIP:

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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 510 Gainous Rd
CITY-ST-ZIP: PCB. FL 32413

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #