2004 FOR PROFIT-CORPORATION ANNUAL REPORT (AR)

Mar 09, 2004 8:00 am **Secretary of State** DOCUMENT # P03000031192 1. Entity Name 03-09-2004 90036 036 ***158.75 JMP SOLUTIONS, INC. Principal Place of Business Mailing Address 12065 METRO PKWY. 12065 METRO PKWY. でばれてれるマー FT. MYERS FL 33912 T. MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 83-0351448 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired γΩ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUBBARD, MAURICE Street Address (P.O. Box Number is Not Acceptable) 12065 METRO PKWY. FT. MYERS FL 33912 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Addition President NAME NAME Joseph E Cheek STREET ADDRESS STREET ADDRESS 4406 Lauber Way Tampa, Fl 33614 CITY-ST-7/P CITY-ST-ZIP 0.0.0.☐ Delete TITLE Change ☐ Addition Glenn A Padgett NAME MAME STREET ADDRESS 12065 Metro Pky STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft. Myers, Fl 33912 TITLE C.E.O. Change ☐ Delete TITLE Addition NAME NAME Maurice J Hubbard STREET ADDRESS STREET ADDRESS 12065 Metro Pky Et. Myers, Fl 33912 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS ۶. CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04 239-768-3535

FILED