

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90047 019 ***150.00

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1. Entity Name
JMP SOLUTIONS, INC.



Principal Place of Business
**12065 METRO PKWY.
FT. MYERS, FL 33912**

Mailing Address
**12065 METRO PKWY.
FT. MYERS, FL 33912**



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0351448

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUBBARD, MAURICE
12065 METRO PKWY.
FT. MYERS, FL 33912**

**DO NOT WRITE
IN THIS SPACE**

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 releasing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: _____
NAME: **CHEEK, JOSEPH E**
STREET ADDRESS: **4406 LAUBER WAY**
CITY-ST-ZIP: **TAMPA, FL 33614**

TITLE: **COO**
NAME: **PADGETT, GLENN A**
STREET ADDRESS: **12065 METRO PKWY**
CITY-ST-ZIP: **FORT MYERS, FL 33912**

TITLE: **CEO**
NAME: **HUBBARD, MAURICE J**
STREET ADDRESS: **12065 METRO PKWY**
CITY-ST-ZIP: **FORT MYERS, FL 33912**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/1/05 239-768-3535