

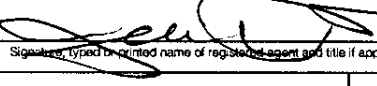
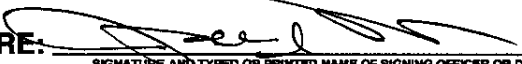


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90058 047 ***150.00

DOCUMENT # P03000065801					
1. Entity Name JMC CONTRACTORS, INC.					
Principal Place of Business P.O. BOX 93-4472 MARGATE, FL 33093			Mailing Address 6590 N.W. 5TH STREET MARGATE, FL 33063		
2. Principal Place of Business 4472 Pinion Drive		3. Mailing Address 4472 Pinion Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302004 Chg-P CR2E034 (10/03)	
City & State Lake Worth, FL		City & State Lake Worth, FL		4. FEI Number 20-0063511	
Zip 33467		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGNER, JAMES E 6590 N.W. 5TH STREET MARGATE, FL 33063			7. Name and Address of New Registered Agent Name: Joel E. Magner Street Address (P.O. Box Number is Not Acceptable): 4472 Pinion Drive City: Lake Worth FL Zip Code: 33467		
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: 				DATE: 2/27/04	
(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: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGNER, JOEL E		NAME		
STREET ADDRESS	9472 PINION DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGNER, JOSEPH E		NAME		
STREET ADDRESS	761 N.W. 65TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		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		
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: 			JOEL E. MAGNER 2/27/04 954 520 0646		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		