2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 12, 2004 8:00 am Secretary of State DOCUMENT # P03000119422 2-12-2004 90009 044 ***158.75 1. Entity Name JD MCP, INC. Principal Place of Business Mailing Address 801 STATE ROUTE 436 WEST, STE. 2037 801 STATE ROUTE 436 WEST, STE. 2037 44010757 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 2. Principal Place of Business 3. Mailing Address 3900 LIKESIDE RESERVE LN. 3900 LAKEGIDE RESERVE LA Suite, Apt. #, etc. Suite, Apt. #, etc 02082004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4 FEI Number 04-3778687 ORLANDO ORLANDO, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32810 W54 32810 434 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name DAVIS, JOSE T Street Address (P.O. Box Number is Not Acceptable) 826 CAMARGO WAY, #107 ALTAMONTE SPRINGS, FL 32714 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. J. DAVE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PN Change TITLE ☐ Delete TITLE ■ Addition CALLEVAS, MARCOC CALLEJAS, MARCO C NAME NAME 3900 LAKESIDE RESBRUE LN. STREET ADDRESS 801 STATE ROUTE 436 WEST, STE. 2037 STREET ADDRESS ALTAMONTE SPRINGS, FL 32714 CITY-ST-7IP ORLANDO, FL 32810 CITY-ST-73P VS O VSD ☐ Change TITLE ☐ Delete TITLE ☐ Addition DAVIS, NOSE T DAVIS, JOSE T 3900 LAKESIDE RESERVE LN. STREET ADDRESS 801 STATE ROUTE 436 WEST, STE. 2037 STREET ADDRESS ALTAMONTE SPRINGS, FL 32714 CRY-ST-7IP CITY-ST-7IP ORLANDO, FL 32810 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P Change Addition TITLE Delete THLE NAME HAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 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. gumin. (407)929-3754 JOSE T. DAVIS SIGNATURE: _ SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED