


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90019 047 \*\*\*150.00

<b>DOCUMENT # P03000150211</b>		
1. Entity Name <b>JMA INDUSTRIES, INC.</b>		

Principal Place of Business <b>4105 COCHISE TERRACE SARASOTA, FL 34233-1530</b>	Mailing Address <b>4105 COCHISE TERRACE SARASOTA, FL 34233-1530</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08202004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>20-0452587</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LANGDON, ALLEN E 125 FIRST AVE NOKOMIS, FL 34275</b>	
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7. Name and Address of New Registered Agent	
Name <b>Allen E. Langdon, Ph.D.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>125 First Avenue</b>	
City <b>Nokomis</b>	FL <b>34275-4242</b>

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 <i>Allen E. Langdon</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>August 20, 2004</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST ALVIS, JOHN M 4105 COCHISE TERRACE SARASOTA, FL 342331530</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P, S, T Alvis, John M. 4105 Cochise Terrace Sarasota, FL 34233-1530</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>John Alvis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>August 20, 2004</b>

Attachment  
24680804

August 20, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Annual Corporate Filing

To Whom It May Concern:

Could you please see it in your heart to relieve the late penalty due to the fact that I did ~~not receive the postcard that you sent out? My accountant has informed me that I have~~ not paid the annual fee and sent in the revised form. I'm sorry for this oversight and my accountant assures me that he will now be tracking to make sure that all of the corporations that he works on will file the proper annual reports with fees in the future.

Thank you in advance for your consideration on this matter.

Sincerely,



JMA Industries, Inc.

Document Number: P03000150211

John M. Alvis - President, Secretary, Treasurer

4105 Cochise Terrace

Sarasota, FL 34233-1530