2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037613

Entity Name: JMPP CORPORATION

HEITNER, PHILIP

1103 SW MEADOW CT

PALM CITY, FL 34990

Name:

Address:

City-St-Zip:

FILED Apr 26, 2005 Secretary of State

Current P	rincipal Place	e of Business:	New Princi	New Principal Place of Business:		
	SPREY ST UND, FL 334	55				
Current M	lailing Addre	ss:	New Mailin	New Mailing Address:		
7973 SE OSPREY ST HOBE SOUND, FL 33455				2647 SW NUTCRACKER WAY PALM CITY, FL 34990		
FEI Number	: 20-0871661	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status De	sired ()	
Name and	d Address of (Current Registered Agent	Name and	Name and Address of New Registered Agent:		
7973 SÉ C HOBE SO The above	MICHAEL F OSPREY ST UND, FL 334 e named entity e of Florida.		ne purpose of changing it	registered office or registered age	ent, or both,	
SIGNATU						
01014/1101		nic Signature of Registered	Agent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	CTORS:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P (POLLIS, MICH 7973 SE OSPI HOBE SOUND	REY ST	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V (KOUKLAMANI 3706 NW DEE JENSEN BEAC	R OAK DR	Title: Name: Address: City-St-Zip:	V (X) Change () Addition BROTHERTON, JILL 4642 SW LONG BAY DRIVE PALM CITY, FL 34990		
Title: Name: Address: City-St-Zip:	SERRA, JAME	CRACKER WAY	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	Т () Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES L. SERRA S 04/26/2005