


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90047 040 ***150.00

DOCUMENT # P04000083531	
1. Entity Name JMC PROPERTY DEVELOPMENT INC.	

Principal Place of Business 438 RIDGELAKE RD CRESTVIEW, FL 32536 US	Mailing Address P.O. BOX 1083 CRESTVIEW, FL 32536 US
---	--

2. Principal Place of Business 1304 SUZANNE CIRCLE	3. Mailing Address 1304 SUZANNE CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HOLT, FL	City & State HOLT, FL
Zip 32564	Country U.S.
Zip 32564	Country U.S.

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 36-4555096	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent BEARD, LUTHER W 1304 SUZANNE DR HOLT, FL 32564	
--	--

7. Name and Address of New Registered Agent Name BEARD, LUTHER W Street Address (P.O. Box Number is Not Acceptable) 1304 SUZANNE CIRCLE City HOLT FL Zip Code 32564	
---	--

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 <u><i>Luther W Beard</i></u> LUTHER W BEARD 1/5/05 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE	
--	--

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CALABRO, JOSEPH M		NAME CALABRO, JOSEPH M	
STREET ADDRESS 9229 NW 66TH LANE		STREET ADDRESS 9229 NW 66TH LANE	
CITY-ST-ZIP PARKLAND, FL 33067		CITY-ST-ZIP PARKLAND, FL 33067	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEARD, LUTHER W		NAME	
STREET ADDRESS 1304 SUZANNE DR		STREET ADDRESS	
CITY-ST-ZIP HOLT, FL 32564		CITY-ST-ZIP	
TITLE TRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CALABRO, EUGENE A		NAME	
STREET ADDRESS 438 RIDGELAKE RD		STREET ADDRESS	
CITY-ST-ZIP CRESTVIEW, FL 32536		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: <u><i>Eugene A Calabro</i></u> EUGENE A. CALABRO 1/5/05 850-662-9683 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: Daytime Phone #