

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

47.

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90307 016 \*\*\*150.00

**66018271**



<b>DOCUMENT # P04000139922</b> 1. Entity Name <b>JMS STATEWIDE, INC.</b>					
Principal Place of Business <b>13825 US HWY 19 SUITE 200 HUDSON, FL 34667 US</b>			Mailing Address <b>13825 US HWY 19 SUITE 200 HUDSON, FL 34667 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number      Chg-P      CR2E034 (10/03) Applied For <input checked="" 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 <b>MANAGEMENT INVESTMENT SERVICES, INC. 13825 US HWY 19 SUITE 200 HUDSON, FL 34667</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHORT, JOHN M</b> <b>13825 US HWY 19, SUITE 200</b> <b>HUDSON, FL 34667</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SHORT, JOHN M</b> <b>13825 US HWY 19, SUITE 200</b> <b>HUDSON, FL 34667</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>SHORT, JOHN M</b> <b>13825 US HWY 19, SUITE 200</b> <b>HUDSON, FL 34667</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES</b> <b>SHORT, JOHN M</b> <b>13825 US HWY 19, SUITE 200</b> <b>HUDSON, FL 34667</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	
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.				<b>SIGNATURE:</b> <i>John M Short</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date: <b>4/15/05</b>				Daytime Phone #	