

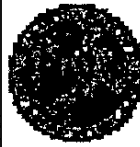
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90363 010 ***150.00

DOCUMENT # P05000091776

1. Entity Name
JMT MANAGEMENT CORP.



Principal Place of Business Mailing Address
5601 CORPORATE WAY 5601 CORPORATE WAY
210 210
WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-3050104

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENTRY, DEBORAH A
3540 FOREST HILL BLVD
203
WEST PALM BEACH, FL 33406

Name **Jamie Mickle**

Street Address (P.O. Box Number is Not Acceptable)
5601 Corporate Way # 210

City **W Palm Beach** **FL** Zip Code **33407**

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 Signature, typed or printed name of registered agent and title if applicable.

Jamie Mickle (NOTE: Registered Agent signature required when reinstating)

3/9/07 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MICKLE, JAMIE**
STREET ADDRESS **3096 EL CAMINO REAL**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPST** ☐ Delete
NAME **DENTRY, DEBORAH A**
STREET ADDRESS **3540 FOREST HILL BLVD #203**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Deborah A Dentry**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07 **541-433-4810**
Date Daytime Phone #