## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

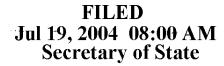
## DOCUMENT # P93000080226

1. Entity Name
JUVENILE PRODUCT MANUFACTURERS
REPRESENTATIVES, INC.

Principal Place of Business 919 SHRIVER CIRCLE LAKE MARY, FL 32746

Mailing Address

C/O LILLO'S 919 SHIVER CIRCLE LAKE MARY, FL 32746





## DO NOT WRITE IN THIS SPACE

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4. FEI Number 59-3213757 Applied For Not Applicable

5. Certificate of Status Desired

07092004

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

LILLO, JAMES 919 SHRIVER CIR. LAKE MARY, FL 32746

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

<ol> <li>The above the obligat</li> </ol>	named entity submits this statement for the fons of registered agent.	e purpose of changing its registered o	ffice or a	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, lyped or privated name of registered agent and to	tio 4 anniholitic	-	required when religions;	DATE
		(REFEET REGISTRESS PROPERTY OF THE PROPERTY OF	ar a flairrithis	) COM AN	DATE
	LE NOW!!! FEE 18 \$150.00 ue by September 8, 2004	Election Campaign Financing     Trust Fund Contribution.	, <sub>□</sub>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	ÖFRCERS AND DIR	ECTORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LILLO, JAMES 919 SHIVER CIR. LAKE MARY, FL 32746				Althorophia correct to
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000167278 077/19704-80018-021 158.75
TITLE HAME STREET ADDRESS CITY-ST-ZIP		,		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	<del>-</del>		IN .	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZP		ž			
12. I hereby of indicated of the corochanged	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or inside empower or on an attachment with an address, with	silling does not qualify for the exempti e and accurate and that my signature and to execute this report as required to all other like empowered.	ion state shall har by Chap	d in Section 119.07(3) we the same legat effecter 607, Florida Statute	(i) Florida Statutes. Untitler certify that the information of as if made under oath, that I am an officer or director as; and that my name appears in Block 10 or Block 11 if