


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000005224
 1. Entity Name
 M.T. PRODUCTIONS IN JACKSONVILLE, INC.



Principal Place of Business Mailing Address
 657 WONDERWOOD DR 657 WONDERWOOD DR
 JACKSONVILLE, FL 32233 JACKSONVILLE, FL 32233

DO NOT WRITE IN THIS SPACE



05132005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3224872 Not Applicable

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

6. Name and Address of Current Registered Agent
 TOMKOVICH, MICHAEL D
 657 WONDERWOOD DR
 JACKSONVILLE, FL 32233

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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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOMKOVICH, MICHAEL D
STREET ADDRESS	657 WONDERWOOD DR
CITY-ST-ZIP	JACKSONVILLE, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/27/05-80001-007 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  5-16-5 904-739-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #