

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2007 90040 046 ***150.00

DOCUMENT # P94000076905													
1. Entity Name JMT, INC.													
Principal Place of Business 223 ALTAMONTE COMMERCE BLVD SUITE 1310 ALTAMONTE SPRINGS, FL 32714			Mailing Address 223 ALTAMONTE COMMERCE BLVD SUITE 1310 ALTAMONTE SPRINGS, FL 32714										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 59-3280229									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent FLOWER, BRUCE W 511 N. MAITLAND AVE. MAITLAND, FL 32751			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> Name Alan D. Vander Boegh </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Street Address (P.O. Box Number is Not Acceptable) 201 Grace Blvd. </td> </tr> <tr> <td style="padding: 5px;"> City Altamonte Springs </td> <td style="padding: 5px;"> FL </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Zip Code 32714 </td> </tr> </table>			Name Alan D. Vander Boegh		Street Address (P.O. Box Number is Not Acceptable) 201 Grace Blvd.		City Altamonte Springs	FL	Zip Code 32714	
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Street Address (P.O. Box Number is Not Acceptable) 201 Grace Blvd.													
City Altamonte Springs	FL												
Zip Code 32714													
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. <table style="width:100%;"> <tr> <td style="width:30%; vertical-align: bottom;"> SIGNATURE <i>Alan D. Vander Boegh</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:40%; vertical-align: bottom;"> ALAN D. VANDERBOEGH, Pres </td> <td style="width:30%; vertical-align: bottom;"> 4-9-07 <small>DATE</small> </td> </tr> </table>						SIGNATURE <i>Alan D. Vander Boegh</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	ALAN D. VANDERBOEGH, Pres	4-9-07 <small>DATE</small>					
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 DP	NAME VANDER BOEGH, ALAN		<input type="checkbox"/> Delete										
STREET ADDRESS 223 ALTAMONTE COMMERCE BLVD. #1310	ALTAMONTE SPRINGS, FL 32714		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714		CITY - ST - ZIP										
TITLE D	NAME VANDER BOEGH, LARRY		<input type="checkbox"/> Delete										
STREET ADDRESS 223 ALTAMONTE COMMERCE BLVD. #1310	ALTAMONTE SPRINGS, FL 32714		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714		CITY - ST - ZIP										
TITLE D	NAME JONES, WILLIAM		<input checked="" type="checkbox"/> Delete										
STREET ADDRESS 223 ALTAMONTE COMMERCE BLVD. #1310	ALTAMONTE SPRINGS, FL 32714		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714		CITY - ST - ZIP										
TITLE D	NAME JONES, WILLIAM		<input type="checkbox"/> Delete										
STREET ADDRESS 223 ALTAMONTE COMMERCE BLVD. #1310	ALTAMONTE SPRINGS, FL 32714		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714		CITY - ST - ZIP										
TITLE D	NAME JONES, WILLIAM		<input type="checkbox"/> Delete										
STREET ADDRESS 223 ALTAMONTE COMMERCE BLVD. #1310	ALTAMONTE SPRINGS, FL 32714		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714		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: <i>Alan D. Vander Boegh</i> ALAN D. VANDERBOEGH 4-9-07 407 685-6334													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>													
<small>Date Daytime Phone #</small>													