

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90076 009 ***150.00

DOCUMENT # P94000084650

1. Entity Name

J.M.T. CONSTRUCTION, INC.



Principal Place of Business

7261 W PARMELEE RD
 GLEN ST MARY FL 32040-0087

Mailing Address

P O BOX 87
 GLEN ST MARY FL 32040-0087
 US

94006242



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0555182

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

JOSEPH, GEORGE N
 7261 W PARMELEE RD
 GLEN ST MARY FL 32040-0087

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------------------|--------------------|----------------------------|--------------------------|--------------------------|
| P | JOSEPH, GEORGE N | P.O. BOX 87 N/AT | GLEN ST MARY FL 32040-0087 | <input type="checkbox"/> | <input type="checkbox"/> |
| P | JOSEPH, GEORGE N | 7261 W PARMELEE RD | GLEN ST MARY FL 32040-0087 | <input type="checkbox"/> | <input type="checkbox"/> |
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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)(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.

SIGNATURE: George N. Joseph / Pres 01/21/04 904-259-3271
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #