

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90080 008 \*\*\*158.75

**DOCUMENT # P95000037564**

1. Entity Name  
M/V J.T., INC.



Principal Place of Business  
3360 RIVERA DR  
KEY WEST, FL 33040

Mailing Address  
3360 RIVERA DR  
KEY WEST, FL 33040

2. Principal Place of Business  
1220 19<sup>th</sup> Terrace  
Suite, Apt. #, etc.

3. Mailing Address  
1220 19<sup>th</sup> Terrace  
Suite, Apt. #, etc.



02012005 Chg-P CR2E034 (10/03)

City & State  
Key West FL  
Zip 33040 Country USA

City & State  
Key West FL  
Zip 33040 Country USA

4. FEI Number  
65-0593305 Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**7. Name and Address of New Registered Agent**

Name Richard E. Toomer  
Street Address (P.O. Box Number is Not Acceptable)  
1220 19<sup>th</sup> Terrace  
City Key West FL Zip Code 33040

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 Richard E. Toomer Richard E. Toomer 02-01-05  
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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	COOPER, SAMUEL S	
STREET ADDRESS	3360 RIVIERA DR	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	COOPER, JEANETTE T	
STREET ADDRESS	3360 RIVIERA DR	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	O	<input type="checkbox"/> Delete
NAME	TOOMER, RICHARD E	
STREET ADDRESS	1220 19TH TERR	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P - S - T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Richard E. Toomer Richard E. Toomer 02-01-05 305-294-6750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #