# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 17, 2004 08:00 AM**
**Secretary of State**

DOCUMENT# P96000026496

1. EntityName
GMPJJ,INC.

| PrincipalPlaceofBusiness | MailingAddress |
|---|---|
| 1586 GULF BOULEVARD UNIT 2502<br>CLEARWATER, FL 34635 | 1586 GULF BOULEVARD UNIT 2502<br>CLEARWATER, FL 34635 |

**DO NOT WRITE IN THIS SPACE**

03112004 NoChg-P CR2E034(10/03)

4. FEINumber
NOTAPPLICABLE
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

O'MALLEY,ANDREWM
712SOREGONAVENUE
TAMPA,FL33606

**DO NOT WRITE IN THIS SPACE**

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenfe Instating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

U00000090240
03/17/04-80010-010 150.00

| 10. OFFICERSANDDIRECTORS | |
|---|---|
| TITLE | D |
| NAME | MITROVICH,GEORGEA |
| STREETADDRESS | 1586GULFBOULEVARDUNIT2502 |
| CITY-ST-ZIP | CLEARWATER,FL34635 |
| TITLE | D |
| NAME | MITROVICH,MARIEK |
| STREETADDRESS | 1586GULFBOULEVARDUNIT2502 |
| CITY-ST-ZIP | CLEARWATER,FL34635 |
| TITLE | D |
| NAME | MITROVICH,PAULG |
| STREETADDRESS | 1586GULFBLVDUNIT2502 |
| CITY-ST-ZIP | CLEARWATER,FL34635 |
| TITLE | D |
| NAME | MITROVICH,JONATHANA |
| STREETADDRESS | 1586GULFBLVDUNIT2502 |
| CITY-ST-ZIP | CLEARWATER,FL34635 |
| TITLE | D |
| NAME | MITROVICH,JENNIFERK |
| STREETADDRESS | 1586GULFBLVDUNIT2502 |
| CITY-ST-ZIP | CLEARWATER,FL34635 |
| TITLE | |
| NAME | |
| STREETADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

12. Ihereby 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 A. Mitrovich 3/12/04
SIGNATUREANDTYPEORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#