


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90150 024 \*\*\*150.00

<b>DOCUMENT # P97000072397</b>					
<b>1. Entity Name</b> JBM GROUP ASSOCIATES, INC.					
<b>Principal Place of Business</b> 10585 127TH PLACE LARGO, FL 33773			<b>Mailing Address</b> 10585 127TH PLACE LARGO, FL 33773		
<b>2. Principal Place of Business</b> 4461 HANCOCK BRIDGE PKWY Suite, Apt. #, etc.		<b>3. Mailing Address</b> 166 JUNIPER CIRCLE Suite, Apt. #, etc.			
City & State N.F.T. MYERS, FL.		City & State BERMUDA RUN, NC.		<b>4. FEI Number</b> 59-3465374	
Zip 33903		Country U.S.A.		Applied For Not Applicable	
Zip 33903		Country U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HUGHES, MARY E 10585 127TH PLACE LARGO, FL 33773			<b>7. Name and Address of New Registered Agent</b> Name: ROBERT C. HUGHES Street Address (P.O. Box Number is Not Acceptable): 4461 HANCOCK BRIDGE PARKWAY City: N.F.T. MYERS FL Zip Code: 33903		
<b>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.</b> SIGNATURE: ROBERT C. HUGHES Robert C. Hughes 4/8/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, MARY E 10585 127TH PLACE LARGO, FL 33773		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERT C. Hughes 166 JUNIPER CIRCLE BERMUDA RUN, NC. 27006	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> Mary E Hughes			4-8-2005 (336) 922-5756		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		