


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90480 018 ***150.00

DOCUMENT # P97000094831
 1. Entity Name
MPS ASSET MANAGEMENT CORP.



Principal Place of Business: **1 INDEPENDENT DR. JACKSONVILLE, FL 32202**
 Mailing Address: **1 INDEPENDENT DR. JACKSONVILLE, FL 32202 US**

94066033



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

04152004 Chg-P CR2E034 (10/03)
 4. FEI Number: **59-3478179**
 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: _____
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SAITTA, THOMAS	
STREET ADDRESS	1 INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLASHEEN, CHARLES	
STREET ADDRESS	1 INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUTOR, TYRA	
STREET ADDRESS	1 INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	SVTS	<input checked="" type="checkbox"/> Delete
NAME	FARRIS, KRISTIN	
STREET ADDRESS	ONE INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ROBINSON, GERALD	
STREET ADDRESS	ONE INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAYE, DON	
STREET ADDRESS	ONE INDEPENDENT DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	

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	Secretary-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew L. Heybruch	
STREET ADDRESS	One Independent Dr.	
CITY-ST-ZIP	Jacksonville, FL 32202	
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		

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: *Gerald Robinson* **Gerald Robinson** **4-19-04** **904-310-2704**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #