


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90354 028 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # P98000093285 1. Entity Name J.T.M. MANAGEMENT, INC. | |  | |
| Principal Place of Business 4100 CORP. SQUARE #116 NAPLES, FL 34104 | | Mailing Address 4100 CORP. SQUARE #116 NAPLES, FL 34104 | |
| 2. Principal Place of Business 567 PARK ST. Suite, Apt. #, etc. | | 3. Mailing Address 567 PARK ST. Suite, Apt. #, etc. | |
| City & State NAPLES, FL Zip 34102 Country | | City & State NAPLES, FL Zip 34102 Country | |
| 4. FEI Number 59-3540588 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MAGOCs, JOHN T 4100 CORPORATE SQUARE STE 116 NAPLES, FL 34104 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 993 8th ST. So. City NAPLES FL Zip Code 34102 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D MAGOCs, JOHN T 7045 BARRINGTON CIRCLE, #201 NAPLES, FL 34108 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 993 8th STREET So NAPLES, FL 34102 |
| 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 |
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| 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 |
| 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: <u><i>John T. Magoc</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u><i>4/24/04</i></u> Daytime Phone # _____ | |