2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# V11649

Entity Name: J.M.D. MANAGEMENT, INC.

Current Principal Place of Business:

15901 MANNING DRIVE
TAMPA, FL 33613 US

New Principal Place of Business:

10019 OUTLAW WAY
LAND O LAKES, FL 34639 US

Current Mailing Address:

P.O. BOX 488
LUTZ, FL 335480488 US

New Mailing Address:

10019 OUTLAW WAY
LAND O LAKES, FL 34639 US

FEI Number: 59-3102971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, LINDA P.
7820 N ARMENIA AVE
TAMPA, FL 33604

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: DALFINO, JOHN M.,
Address: 15901 MANNING DRIVE
City-St-Zip: TAMPA, FL 33613

Title: V ( ) Delete
Name: DALFINO, GAETANO
Address: 15901 MANNING DR
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete
Name: DALFINO, VANDLA K.
Address: 15901 MANNING DRIVE
City-St-Zip: TAMPA, FL 33613

Title: V (X) Delete
Name: STEGER, TED
Address: 18814 HANNA RD.
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: DALFINO, JOHN M.,
Address: 10019 OUTLAW WAY
City-St-Zip: LAND O LAKES, FL 34639

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: DALFINO, VANDLA K.
Address: 10019 OUTLAW WAY
City-St-Zip: LAND O LAKES, FL 34639

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M DALFINO PSD 01/07/2004

Electronic Signature of Signing Officer or Director Date