


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90044 002 \*\*\*150.00

**DOCUMENT # P02000042464**

1. Entity Name  
**JACKSONVILLE MANAGEMENT CONCEPTS, INC.**



Principal Place of Business      Mailing Address

**815 EYRIE DR**      **815 EYRIE DR**  
**2**      **2**  
**OVIEDO, FL 32765**      **OVIEDO, FL 32765**

2. Principal Place of Business      3. Mailing Address

**313 S. CENTRAL AVE**      **P.O. Box 621147**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

**Oviedo, FL**      **Oviedo, FL**

Zip      Country      Zip      Country

**32765**      **USA**      **32762-1147**      **USA**

02162006      Chg-P      CR2E034 (11/05)



4. FEI Number      Applied For

**27-0003773**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BURGIN, JAMES**  
**10000 BAY MEADOW DRIVE**  
**417**  
**JACKSONVILLE, FL 32246**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1128 Coldfield Dr.**

City      State      Zip Code

**Jacksonville**      **FL**      **32246**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BURGIN, JAMES</b>	
STREET ADDRESS	<b>10000 BAY MEADOW DRIVE #417</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32246</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1128 Coldfield Dr</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32246</b>	
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		<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 exemptions contained in Chapter 119, 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: *James Burgin*      Date: 3/30/06      Daytime Phone #: 407-359-8632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR