

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90021 002 ***150.00



DOCUMENT # P02000042464
 1. Entity Name
JACKSONVILLE MANAGEMENT CONCEPTS, INC.

Principal Place of Business
313 SOUTH CENTRAL AVE
OVIEDO, FL 32765

Mailing Address
PO BOX 621147
OVIEDO, FL 32762-1147

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



02012008 Chg-P CR2E034 (12/06)

4. FEI Number
27-0003773

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BURGIN, JAMES
11128 COLDFIELD DR
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Numbers Not Acceptable)
313 SOUTH CENTRAL AVE
 City **Oviedo** FL Zip Code **32765**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	BURGIN, JAMES
STREET ADDRESS	11128 COLDFIELD DR
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, RONALD E JR
STREET ADDRESS	313 SOUTH CENTRAL AVE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D <input type="checkbox"/> Delete
NAME	BURRIS, GREGORY
STREET ADDRESS	313 SOUTH CENTRAL AVE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D <input type="checkbox"/> Delete
NAME	ROBBINS, HOWARD F
STREET ADDRESS	313 SOUTH CENTRAL AVE
CITY-ST-ZIP	OVIEDO, FL 32765
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	313 South Central Ave
CITY-ST-ZIP	Oviedo, FL 32765
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: _____ Date **2/15/08** Daytime Phone # **407-359-8632**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR