

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042464

FILED
Mar 20, 2009
Secretary of State

Entity Name: JACKSONVILLE MANAGEMENT CONCEPTS, INC.

Current Principal Place of Business:

313 SOUTH CENTRAL AVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 621147
OVIEDO, FL 327621147

New Mailing Address:

FEI Number: 27-0003773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGIN, JAMES
313 S CENTRAL AVE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

BURRIS, GREGORY
1672 ONONDAGA DR.
OVIEDO, FL 32732 US

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: GREGORY BURRIS 03/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: BURGIN, JAMES
Address: 313 S CTRL AVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: BROWN, RONALD E JR
Address: 313 SOUTH CENTRAL AVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: BURRIS, GREGORY
Address: 313 SOUTH CENTRAL AVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: ROBBINS, HOWARD F
Address: 313 SOUTH CENTRAL AVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BROWN, RONALD E JR
Address: P.O. BOX 621147
City-St-Zip: OVIEDO, FL 32762

Title: D (X) Change () Addition
Name: BURRIS, GREGORY
Address: P.O. BOX 621147
City-St-Zip: OVIEDO, FL 32762

Title: D (X) Change () Addition
Name: ROBBINS, HOWARD F
Address: P.O. BOX 621147
City-St-Zip: OVIEDO, FL 32762

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GREGORY BURRIS D 03/20/2009
Electronic Signature of Signing Officer or Director Date