

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042464

**FILED**  
**Mar 23, 2012**  
**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:**

1275 SHALLCROSS AVE.  
ORLANDO, FL 32828

**Current Mailing Address:**

PO BOX 621147  
OVIEDO, FL 32762

**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:**

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

**Name and Address of New Registered Agent:**

BURRIS, GREGORY  
1275 SHALLCROSS AVE.  
ORLANDO, FL 32828 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/23/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GREG BURRIS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

03/23/2012

\_\_\_\_\_  
Date