2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F02177

1. Entity Name
JAMAICA BAY EAST MANAGEMENT CO., INC.

Principal Place of Business	Mailing Address
16236 SAN DIEGUITO RD. SUITE 1-21 RANCH SANTA FE, CA 92067 US	P.O. BOX 8960 RANCHO SANTA FE, FL 92067 US

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2234834	Not Applicable

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

6. Name and Address of Current Registered Agent

JON, HINDEN A ESQ
WEBBER,HINDEN, &MCLEAN
4430 SW 64TH AVE
FORT LAUDERDALE, FL 33314

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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, 2005 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	DALE, JAMES M
STREET ADDRESS	5637 LA GRANADA
CITY-ST-ZIP	RANCHO SANTA FE, CA

TITLE	SD
NAME	BONNIE, DALE
STREET ADDRESS	PO BOX 8960
CITY-ST-ZIP	RANCHO SANTA FE, CA 92067

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   01/06/05   858-759-1490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #