FILED
Jan 24, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000001530

1. Entity Name
J.V.P. MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2221 SENS ROAD LA PORTE, TX 77571	2221 SENS ROAD LA PORTE, TX 77571

DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
76-0564315
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303

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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 N/A
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

150.00

10. OFFICERS AND DIRECTORS

TITLE	P5
NAME	VARDELL, JOE
STREET ADDRESS	2221 SENS ROAD
CITY-ST-ZIP	LA PORTE, TX 77571
TITLE	V
NAME	DURHAM, JOHN
STREET ADDRESS	2221 SENS ROAD
CITY-ST-ZIP	LA PORTE, TX 77571
TITLE	AV
NAME	DICKERSON, JEFF
STREET ADDRESS	802 N. CARANCAHUA, SUITE 1900
CITY-ST-ZIP	CORPUS CHRISTIE, TX 78470
TITLE	TCFO
NAME	LEVIN, PHILIP
STREET ADDRESS	2221 SENS ROAD
CITY-ST-ZIP	LA PORTE, TX 77571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80048-021 150.00

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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 an attachment with all other like empowered.

SIGNATURE: Joe Vardell Joe Vardell 1-14-05 (281)842-9353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FLORIDA