2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000006180

JONÉS MANAGEMENT SERVICE COMPANY



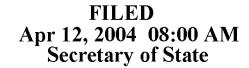
Principal Place of Business

200 W 9TH STREET PLAZA

SUITE 200 WILMINGTON, DE 19801 Mailing Address

200 W 9TH STREET PLAZA SUITE 200

WILMINGTON, DE 19801





03302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 51-0384508 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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	named entity submits this statement for the pions of registered agent	urpose of changing its reg	gistered office	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature: typed or printed name of registered agent and title	applicable (NOTE Re	egistered Agent sig	dature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	U00000110839	
10.	OFFICERS AND DIRECTORS				 04/12/64-80100-008 150.00 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DANSKY, IRA M 200 W 9TH ST, PLAZA, STE #200 WILMINGTON, DE 19801					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV DONNALLEY, JOSEPH T 200 W 9TH ST PLAZA, STE #200 WILMINGTON, DE 19801					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GENZEL, PATRICIA F 200 W 9TH ST PLAZA, STE #200 WILMINGTON, DE 19801			DO NOT WRITE		
TITLE NAME STREET ADDRESS GITY ST-ZIP	T MANDELL, ROBIN 200 W 9TH ST. PL, STE 200 WILMINGTON, DE 19801			IN THIS SPACE		
TITLE NAME STREET ADDRESS	AS DORFSMAN, BETH B 200 WEST 9TH ST PLAZA SUITE 20	0				

12. Thereby certify that the information supplied with this filling 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 preceiver 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 effort like empowered.

SIGNATURE:

WILMINGTON, DE 19801

CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST-ZIP