


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90024 001 ***456.25

DOCUMENT # G00709 1. Entity Name JMC MANAGEMENT, INC.	
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Principal Place of Business % J MICHAEL CHEEZEM 2201 4T ST. N. ST PETERSBURG, FL 33704	Mailing Address % J MICHAEL CHEEZEM 2201 4T ST. N. ST PETERSBURG, FL 33704
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2237145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHEEZEM, J MICHAEL
2201-4TH STREET NORTH
SUITE 200
ST PETERSBURG, FL 33704**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COOPER, GAIL M 2201 4TH STREET NORTH SUITE 200 ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COPELAND, G. S 2201 4TH ST. N. STE. 200 ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALLEN, ROBERT L 2201 4TH ST NO STE 200 ST PETE, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BEAUMONT, SANDRA D 2201 4TH ST NO, STE 200 ST PETE, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Gail M. Cooper* **1/8/07** **(727) 823-0022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #