


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90432 008 \*\*\*150.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # J41871</b><br>1. Entity Name<br><b>JS CAPITAL MANAGEMENT, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>851 SE MONTEREY COMMONS BLVD<br/>STUART, FL 34996</b>  |  |   | Mailing Address<br><b>851 SE MONTEREY COMMONS BLVD<br/>STUART, FL 34996</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |  |  |
| City & State<br><br>Zip  |  | City & State<br><br>Zip                       |  | 4. FEI Number<br><b>59-2743838</b>   |  |
| Country  |  | Country                                       |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SULLIVAN, JOHN W.<br/>851 SE MONTEREY COMMONS BLVD<br/>STUART, FL 34996</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>William C. Fowler</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>851 SE Monterey Commons Blvd.</b><br>City<br><b>Stuart</b> FL Zip Code<br><b>34996</b> |  |
| 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.<br>SIGNATURE:  <b>William C. Fowler, President</b> <b>4/25/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>CHD<br/>SULLIVAN, JOHN W.<br/>7211 SE GOLFHOUSE DR<br/>HOBE SOUND, FL 33455</b> <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD<br/>SULLIVAN, SUSAN R.<br/>7211 SE GOLFHOUSE DR<br/>HOBE SOUND, FL 33455</b> <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>SANFORD, JENNIFER SULLIV<br/>800 RICHLAND ST<br/>COLUMBIA, SC 29201</b> <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>FOWLER, WILLIAM C<br/>851 SE MONTEREY COMMONS BLVD<br/>STUART, FL 34996</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>BOWEN, GIERIET S<br/>721 MCLEAN AVE<br/>KENILWORTH, IL 60043</b> <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>SULLIVAN, JOHN W JR<br/>377 WALNUT<br/>WINNETKA, IL 60093</b> <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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:  <b>William C. Fowler, Pres</b> <b>4/25/07</b> <b>772-283-3838</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |  |  |

**ATTACHMENT**

40090222

#541871

**JS Capital Management, Inc.**

**Document No. J41871**

**Additional Information:**

**11. Additions to Officers and Directors**

**X Addition**

|                       |                              |
|-----------------------|------------------------------|
| <b>Title</b>          | <b>S/T</b>                   |
| <b>Name</b>           | <b>Lisa E. Chiavetta</b>     |
| <b>Street Address</b> | <b>2101 SW Perry Terrace</b> |
| <b>City-St-Zip</b>    | <b>Stuart, FL 34997</b>      |