

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M81278

1. Entity Name
JUST MANAGEMENT SERVICES, INC.



Principal Place of Business
**701 ENTERPRISE RD. EAST, #805
SAFETY HARBOR, FL 34695 US**

Mailing Address
**701 ENTERPRISE RD. EAST, #805
SAFETY HARBOR, FL 34695 US**



DO NOT WRITE IN THIS SPACE

05092005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1947439

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JUST, SUSAN
523 HARBOR GROVE CIR.
SAFETY HARBOR, FL 34695**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retitling)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JUST, SUSAN
523 HARBOR GROVE CIR.
SAFETY HARBOR, FL 34695**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
JUST, JIM
523 HARBOR GROVE CIR.
SAFETY HARBOR, FL 33695**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/11/05-80033-017 158.75

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: Susan Just

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-05

Date

727-726-4000

Daytime Phone #