2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028815

Entity Name: JCJM MANAGEMENT, INC.

SCHNEBLY, MARK H

6026 SAWGRASS POINT DRIVE

PORT ORANGE, FL 32128

Name:

Address:

City-St-Zip:

FILED Jan 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1790 S NOVA RD DAYTONA BEACH, FL 32119 **Current Mailing Address: New Mailing Address:** 1275 LA COSTA VILLAGE BLVD PORT ORANGE, FL 32129 FEI Number: 59-3635596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHNEBLY, JOHN JR 125 N. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SCHNEBLY, JOHN JR Name: Name: 1275 LA COSTA VILLAGE BLVD. Address: Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SCHNEBLY, JOHN SR Name: 6026 SAWGRASS POINT DRIVE Address: Address: PORT ORANGE, FL 32128 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition SCHNEBLY, CONNIE B Name: Name: 6026 SAWGRASS POINT DRIVE Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN M SCHNEBLY JR P 01/12/2005