

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032042

Entity Name: JDA MANAGEMENT, INC.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

C/O JOEL D ADAMS
8079 GOLF COURSE BLVD
PUNTA GORDA, FL 33982

New Principal Place of Business:

Current Mailing Address:

C/O JOEL D ADAMS
8079 GOLF COURSE BLVD
PUNTA GORDA, FL 33982

New Mailing Address:

FEI Number: 65-1000474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOEL D
8079 GOLF COURSE BOULEVARD
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

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:

Title: DPST () Delete
Name: ADAMS, JOEL
Address: 514 CICERO ST.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: V () Delete
Name: ADAMS, DANIEL K
Address: 819 CALVERT AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ADAMS, DANIEL K
Address: 819 CALVERT AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

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.

SIGNATURE: DANIEL K. ADAMS

VP

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date