

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000011771

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** JAX ASSET/DEBT MANAGEMENT, INC.

**Current Principal Place of Business:**

93 PLAYERS CLUB VILLAS  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

93 PLAYERS CLUB VILLAS  
PONTE VEDRA BEACH, FL 32082 UN

**Current Mailing Address:**

93 PLAYERS CLUB VILLAS  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 59-3697106      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCORMICK, JAMES C  
93 PLAYERS CLUB VILLAS  
PONTE VEDRA BEACH, FL 32082 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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: NELSON, GARRY  
Address: 109 BRILLANT AVE  
City-St-Zip: PITTSBURGH, PA 15215

I hereby 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 all other like empowered.

SIGNATURE: GARRY NELSON

DPST

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date