


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000116665 1. Entity Name JHP MANAGEMENT, INC.	
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Principal Place of Business 9205 N CONNECHUSETT RD TAMPA, FL 33617	Mailing Address 9205 N CONNECHUSETT RD TAMPA, FL 33617
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DO NOT WRITE IN THIS SPACE

FILED
04 FEB -3 PM 2:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3759815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAMLING, J MICHAEL
9205 N CONNECHUSETT RD
TAMPA, FL 33617**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAMLING, J MICHAEL 9205 N CONNECHUSETT RD TAMPA, FL 33617
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**800028312978
02/06/04--01003--023 **150.00**

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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: J. Michael Gramling **J. MICHAEL GRAMLING** 1/24/03 (813) 988-9171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #