2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2008 08:00 AN Secretary of State DOCUMENT # P01000122452 1. Entity Name JENNINGS MANAGEMENT CORPORATION Principal Place of Business Mailing Address 2712 SUMMERFIELD ROAD WINTER PARK FL 32792 2712 SUMMERFIELD ROAD WINTER PARK FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 02-0616655 Not Applicable ZiD Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENNINGS, LUTHER K Street Address (P.O. Box Number is Not Acceptable) 2712 SUMMERFIELD ROAD WINTER PARK FL 32792 City Zip Code 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 the Tapplication (NOTE Recistored Appel signature required when rejectation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DCS TITLE Change ☐ Derete TITLE Addition JENNINGS, LUTHER K NAME ns/4999898989895 150.00 NAME 2712 SUMMERFIELD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME JENNINGS, DEAN K NAME 8738 PISA DRIVE NO 635 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP TITLE DΛ Delete TITLE Change Addition NAME JENNINGS, KEVIN NAME STREET ADDRESS 2712 SUMMERFIELD ROAD STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE ☐ Delete TITL F Change ☐ Aridition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. 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 offect 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 ap address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

TYPED OR PRINTED THE OF SIGNING OFFICER ORDINECTOR

407-671-550

FILED