2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047973

5080 N. OCEAN DR., APT. #21C

SINGER ISLAND, FL 33404

Address:

City-St-Zip:

Entity Name: JACKTONY MANAGEMENT CORPORATION

FILED Jan 30, 2004 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
4532 US HWY 19 2ND FLOOR			1324 SEVEN SPRINGS E #176	1324 SEVEN SPRINGS BLVD	
	RT RICHEY, FL	_ 34652	NEW PORT RICHEY, FL	34655	
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
4532 US H 2ND FLOO NEW POR		_ 34652	4532 US HWY 19 #176 NEW PORT RICHEY, FL	34655	
FEI Number:	: 35-2167475	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
3820 NOR TAMPA, F The above	L 33624 U	D., SUITE 312 S	e purpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SPEZZA, ANTH	N DR., APT. #21C	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title:	D () Delete	Title: ()	Change () Addition	

Address:

City-St-Zip:

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: JACQUELINE SPEZZA D 01/30/2004