

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90078 015 \*\*\*150.00

DOCUMENT # P02000047973

1. Entity Name  
**JACKTONY MANAGEMENT CORPORATION**



Principal Place of Business  
**1324 SEVEN SPRINGS BLVD**  
**#176**  
**NEW PORT RICHEY, FL 34655**

Mailing Address  
**4532 US HWY 19**  
**#176**  
**NEW PORT RICHEY, FL 34655**



2. Principal Place of Business

3. Mailing Address  
**1324 SEVEN SPRINGS BLVD**

Suite, Apt. #, etc.  
**#363**

Suite, Apt. #, etc.  
**#363**

02182005 Chg-P CR2E034 (10/03)

City & State

City & State  
**NEW PORT RICHEY, FL**

4. FEI Number  
**35-2167475**

Applied For  
 Not Applicable

Zip

Country

Zip  
**34655**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUBLEY & BUBLEY, P.A.**  
**3820 NORTHDAL BLVD., SUITE 312**  
**TAMPA, FL 33624**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
 NAME **SPEZZA, ANTHONY**  
 STREET ADDRESS **5080 N. OCEAN DR., APT. #21C**  
 CITY-ST-ZIP **SINGER ISLAND, FL 33404**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SPEZZA, JACKIE**  
 STREET ADDRESS **5080 N. OCEAN DR., APT. #21C**  
 CITY-ST-ZIP **SINGER ISLAND, FL 33404**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Anthony Spezza*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-17-05*

Date

*707-656-9867*

Daytime Phone #

**ANTHONY SPEZZA**