

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90388 049 ***150.00

DOCUMENT # P02000085338

1. Entity Name
JACZ MANAGMENT, INC.



Principal Place of Business

**3808 S. NINE DRIVE
VALRICO, FL 33594**

Mailing Address

**3808 S. NINE DRIVE
VALRICO, FL 33594**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2371883

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WOODWARD, ANTHONY G ESQUIRE
2024 W. CLEVELAND STREET
TAMPA, FL 33606**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUNT, HAROLD E
STREET ADDRESS	3808 S. NINE DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	P
NAME	HUNT, HAROLD E
STREET ADDRESS	3808 S. NINE DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	S
NAME	HUNT, HAROLD E
STREET ADDRESS	3808 S. NINE DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	V
NAME	SANDLER, SCOTT M
STREET ADDRESS	3808 S. NINE DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	T
NAME	SANDLER, SCOTT M
STREET ADDRESS	3808 S. NINE DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	SANDLER, SCOTT M
STREET ADDRESS	3808 S. NINE DRIVE
CITY-ST-ZIP	VALRICO, FL 33594

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U.P. Scott SANDLER

4.25.04

Date

*813-601-0851
813-651-0941*

Daytime Phone #