

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000091670

1. Entity Name  
JUMP STREET MANAGEMENT, INC.



Principal Place of Business  
8015 S SUNCOAST BLVD  
HOMOSASSA, FL 34446

Mailing Address  
8015 S SUNCOAST BLVD  
HOMOSASSA, FL 34446



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
56-2294138

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**

CHRISTENSEN, ROBERT R  
8015 S SUNCOAST BLVD  
HOMOSASSA, FL 34446

**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

1-12-05

**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**

TITLE LT  
NAME TATE, LARRY  
STREET ADDRESS 11 BYRSONIMA CT. WEST  
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE SP  
NAME PONTICOS, STEVE  
STREET ADDRESS 7 W. BYRSONIMA CT.  
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE DT  
NAME JOHNSON, RICHARD  
STREET ADDRESS 10 LINDER CIRCLE  
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE BC  
NAME CHRISTENSEN, ROBERT  
STREET ADDRESS 4 SHORTLEAF COURT  
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000180567  
01/14/05-80010-024 150.00

**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)(f), 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

Robert R Christensen

1-12-05

352-382-1700

Daytime Phone #