


**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



**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

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

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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:  DATE: 1-12-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

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

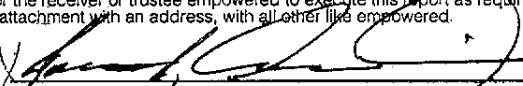
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LT TATE, LARRY 11 BYRSONIMA CT. WEST HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP PONTICOS, STEVE 7 W. BYRSONIMA CT. HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOHNSON, RICHARD 10 LINDER CIRCLE HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC CHRISTENSEN, ROBERT 4 SHORTLEAF COURT 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

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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:  DATE: 1-12-05 352-382-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert R. Christensen Date Daytime Phone #