


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 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
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01102006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2294138	Applied For Not Applicable
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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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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	

U00000397643  
01/30/06-80059-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/16/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR