


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90007 020 \*\*\*150.00

**DOCUMENT # P02000117398**

1. Entity Name  
**JPI MANAGEMENT & DEVELOPMENT, INC.**



Principal Place of Business  
**8288 161ST RD**  
**LIVE OAK, FL 32060 US**

Mailing Address  
**8288 161ST RD**  
**LIVE OAK, FL 32060 US**

**50003681**



2. Principal Place of Business  
**506 NW FAT CAT Court**  
 Suite, Apt. #, etc.

3. Mailing Address  
*(Same as Principal Place of Business)*  
 Suite, Apt. #, etc.

01152005 Chg-P CR2E034 (10/03)

City & State  
**Lake City, FL**

City & State  
*(Same as Principal Place of Business)*

Zip  
**32055** Country **US**

Zip Country

4. FEI Number  
**33-1029011**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAIG, MARGARET L**  
**8288 161ST RD**  
**LIVE OAK, FL 32060**

7. Name and Address of New Registered Agent

Name  
*(Same)*

Street Address (P.O. Box Number is Not Acceptable)  
**506 NW Fat Cat Court**

City **Lake City** FL Zip Code **32055**

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 *Margaret L. Craig* **Margaret L. Craig, - President** **1/15/2005**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CRAIG, MARGARET L</b> <b>8288 161ST RD</b> <b>LIVE OAK, FL 32060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>506 NW Fat Cat Court</b> <b>Lake City, FL 32055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CRAIG, MARGARET L</b> <b>8288 161ST RD</b> <b>LIVE OAK, FL 32060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>506 NW Fat Cat Court</b> <b>Lake City, FL 32055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA</b> <b>CRAIG, MARGARET L</b> <b>8288 161 ST RD</b> <b>LIVE OAK, FL 32060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>506 NW Fat Cat Court</b> <b>Lake City, FL 32055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Margaret L. Craig* **Margaret L. Craig** **1/15/2005** **(386) 719-7390**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #