


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90248 012 ***150.00

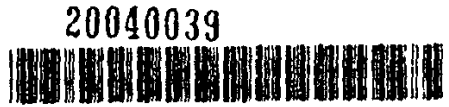
DOCUMENT # P02000119162

1. Entity Name
J. R. V. Management Inc.



Principal Place of Business
**10593 NW 56TH PLACE
 CORAL SPRINGS, FL 33076**

Mailing Address
**10593 NW 56TH PLACE
 CORAL SPRINGS, FL 33076**



2. Principal Place of Business
 Suite, Apt #, etc

3. Mailing Address
 Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
04072005 Chg-P **CR2E034 (10/03)**

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

6. Name and Address of Current Registered Agent
**MOSCONE, JEFFERY
 10593 NW 56TH PLACE
 CORAL SPRINGS, FL 33076**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

I, the above named entity, submit 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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$650.00**

8. Election Campaign Financing
 Trust Fund Contribution **\$5.00 May Be Added to Fee**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2005	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MOSCONE, JEFFERY 10593 NW 56TH PLACE CORAL SPRINGS, FL 33076	<input type="checkbox"/>	NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/>
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	<input type="checkbox"/>	NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/>

I, the undersigned, certify that the information supplied with this filing does not qualify for a exemption stated in Section 119.07(3)(b) 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 in changes to new attachment with an address with all other like empowerment.

SIGNATURE: *Jeffery M. Moscone* **4-17-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR