2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082205

Entity Name: S & J MANAGEMENT GROUP, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	LUMBIA PK D	RIVE W			
STE 7 JACKSON	IVILLE, FL 32	258			
Current Mailing Address:			New Mailing Address:		
	_		.		
11497 COLUMBIA PK DRIVE W STE 7					
JACKSON	IVILLE, FL 32	258			
FEI Number	: 33-1149026	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
11497 CO	DRGE, SPYRC LUMBIA DRIV IVILLE, FL 32	E W, STE #7			
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ac	jent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title:	D () Delete	Title:	() Change () Addition	
Name:	PAPAGEORGE	E, SPYROS	Name:		
Address:		IBIA PK DR W, STE # 7	Address:		
City-St-Zip:	JACKSONVILL	.E, FL 32258	City-St-Zip:		
Title:	VP () Delete	Title:	() Change () Addition	
Name:	PAPAGEORGE		Name:	() Change () / daliteri	
Address:		IBIA PARK DRIVE W. #7	Address:		
City-St-Zip:	JACKSONVILL		City-St-Zip:		
Title:	ST () Delete	Title:	() Change () Addition	
Name:	PAPAGEORGÉ, MELANIE		Name:		
Address:	11497 COLUMBIA PARK DRIVE W. #7		Address:	Address:	
City-St-Zip:	JACKSONVILL	E, FL 32258	City-St-Zip:		
Title:	VP () Delete	Title:	() Change () Addition	
Name:	PAPAGEORGE		Name:	. , ,	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN PAPAGEORGE VP 04/29/2008

11497 COLUMBIA PARK DRIVE W. #7

JACKSONVILLE, FL 32258

Address:

City-St-Zip: