

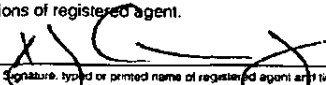
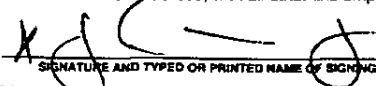


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

04-21-2004 90007 026 ***150.00

DOCUMENT # P03000114349 1. Entity Name JAYCO MANAGEMENT, INC.					
Principal Place of Business 4699 N FEDERAL HWY #202E POMPANO BCH FL 33064				Mailing Address 4699 N FEDERAL HWY #202E POMPANO BCH FL 33064	
2. Principal Place of Business 2011 SW 15th ST Suite, Apt. #, etc. APT 148		3. Mailing Address 2011 SW 15th ST Suite, Apt. #, etc. APT 148			
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL		4. FEI Number 770613524	
Zip 33442		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUMMINGS, JAMES 4699 N FEDERAL HWY #202 E POMPANO BCH FL 33064				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2011 SW 15th ST APT 148 City Deerfield Beach FL Zip Code 33442	
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 4/15/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME CUMMINGS, JAMES STREET ADDRESS 4699 N FEDERAL HWY #202E CITY-ST-ZIP POMPANO BCH FL 33064				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 2011 SW 15th Street #148 STREET ADDRESS Deerfield Beach, FL CITY-ST-ZIP 33442	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
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: 				Date 4/15/04 954 418 3999	