2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90442 050 ***150.00

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1. Entity Name
JAC ASSOCIATE MANAGERS, INC

H07075 1

Principal Place of Business	Mailing Address
6900 PHILLIPS HWY, SUITE 1 JACKSONVILLE, FL 32216	6900 PHILLIPS HWY, SUITE 1 JACKSONVILLE, FL 32216 US

04072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9310 OLD KINGS RD S	9310 OLD KINGS RD S
Suite, Apt. #, etc. STE 1301	Suite, Apt. #, etc. STE 1301
City-State JACKSONVILLE, FL	City-State JACKSONVILLE, FL
Zip 32257 Country US	Zip 32257 Country US

4. FEI Number 20-0488138 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONNOR, MICHAEL 13401 SUTTON PARK DR S APT. 812 JACKSONVILLE, FL 32224	Name Street Address (P.O. Box Number is Not Acceptable) 8410 DRAYTON PARK DRIVE City JACKSONVILLE FL Zip Code 32216

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
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, 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	P CONNOR, MICHAEL 13401 SUTTON PARK DR S APT 812 JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X 8410 DRAYTON PARK DRIVE JACKSONVILLE, FL 32216	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEBER, PAUL A 11816 COLLINS CREEK DR JACKSONVILLE, FL 32258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KIELEY, TERRANCE E 12463 BRIARMEAD LN JACKSONVILLE, FL 32258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Michael Connor 4-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #