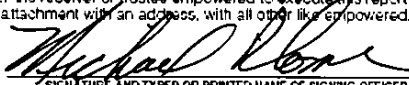


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90442 050 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000152599			
1. Entity Name JAC ASSOCIATE MANAGERS, INC			
Principal Place of Business 6900 PHILLIPS HWY, SUITE 1 JACKSONVILLE, FL 32216		Mailing Address 6900 PHILLIPS HWY, SUITE 1 JACKSONVILLE, FL 32216 US	
2. Principal Place of Business 9310 OLD KINGS RD S		3. Mailing Address 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. FBI 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 CONNOR, MICHAEL 13401 SUTTON PARK DR S APT. 812 JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent 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-STATE-ZIP	P CONNOR, MICHAEL 13401 SUTTON PARK DR S APT 812 JACKSONVILLE, FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 8410 DRAYTON PARK DRIVE JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP WEBER, PAUL A 11616 COLLINS CREEK DR JACKSONVILLE, FL 32258 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST KIELEY, TERRANCE E 12463 BRIARMEAD LN JACKSONVILLE, FL 32258 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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(2)(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: 		4-26-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Expiry Phone #	