2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 27, 2005 8:00 am Secretary of State 04-27-2005 90317 008 ***150.00

DOCUMENT # P04000066469 1. Entity Name JACRE MANAGEMENT COMPANY, INC.								
Principal Place of Business Mailing Address					ヿ			
811-15TH AVENUE WEST		911 15TH AMENIE WEST P.D. BOX 305 PALMETTO, FL 34221 3 4220				19541		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. €, etc.			04082005	Chg-P	CR2E034 (10/0	3)
City & State		City & State			4. FEI Numb	- 24	6197	Applied For Not Applicable
Zip	Country	Zip	Count	iry	5. Certificate	of Status Desired	\$8.75 Fee Requ	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent	
OBEE MANAGEMENT				Name				
CREEL, JEANETTE M 811-15TH AVENUE WEST PALMETTO, FL 34221			ĺ	Street Address (P.O. Box Number is Not Acceptable)				
			1					
X X				City		-	FL Zip C	ode
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 acce								th, and accept
the obligations of registered ap (m.								
SIGNATURE	Sto entleson	tell						
	Signification privated remaind registered against	NOTE:	Regulater	d Agent aigneare rec	Mental system using		DATE	
FILE NOWILL FRE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			-		\$5.00 May Be Added to Fees			
	<i></i>							
TITLE	OFFICERS AND	DIRECTORS Deleta	11.		ADDITIONS	CHANGES 10 OF	FICERS AND DIRECTO	
NAME	CREEL, JEANETTE M	C) name	NAME					e 🗌 Addition
STREET ADDRESS	811-15TH AVENUE WEST			ET ADDRESS				
CITY-ST-ZIP	PALMETTO, FL 34221		спу-	-\$1-ZIP				
TITLE		☐ Deleta	TITLE				☐ Chang	Addition
NAME			NAME					
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1mLE		☐ Detete	MLE	:			Chang	Addition
NAME								
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CITY-ST-ZIP			STREE	E1 ADDRESS -S1-ZIP				
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CITY-ST-ZIP TITLE NAME		□ Delote	STREE	E1 ADDRESS -ST-ZIP			☐ Chang	e 🗀 Addition
TITE .		C.) Delote	STREE CITY- TITLE HAME	E1 ADDRESS -ST-ZIP			☐ Chang	e 🔲 Addition
ITILE		□ Delote	STREE	ET ADDRESS -ST-ZIP			☐ Chang	e 🗀 Addition
TTILE NAME STREET ADDRESS		□ Dekde	STREE	ET ADDRESS ET ADDRESS ET ADDRESS ST-ZIP			☐ Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>-</u>	STREE CITY- TITLE NAME STREE CITY- TITLE	ET ADDRESS ET ADDRESS ST-ZIP				

12. Thereby 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 path; that I am an officer or director of the corporation or the receiver or indicate enconversed 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 mythr an activities, path-pi other like improveged.

SIGNATURE: