


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90375 002 \*\*\*155.00

<b>DOCUMENT # P05000097685</b>	
1. Entity Name <b>J RAE MANAGEMENT GROUP, INC.</b>	

Principal Place of Business <b>900 BROAD AVE SOUTH UNIT 324 NAPLES, FL 34102</b>	Mailing Address <b>900 BROAD AVE SOUTH UNIT 324 NAPLES, FL 34102</b>
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2. Principal Place of Business <b>810 Anchor Rode Drive</b>	3. Mailing Address <b>810 Anchor Rode Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Naples, FL</b>	City & State <b>Naples, FL</b>
Zip <b>34103</b>	Zip <b>34103</b>
Country <b>USA</b>	Country <b>USA</b>

03282006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3143802**

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

6. Name and Address of Current Registered Agent <b>NOVATT, JEFF M 821 FIFTH AVE SOUTH STE 201 NAPLES, FL 34102</b>	
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7. Name and Address of New Registered Agent Name <b>Jeannine Hedberg</b> Street Address (P.O. Box Number is Not Acceptable) <b>810 Anchor Rode Drive</b> City <b>Naples</b> FL Zip Code <b>34103</b>	
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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 *Jeannine R. Hedberg* DATE *March 28, 2006*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FEE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HEDBERG, JEANNINE R <del>PO BOX 1135</del> <del>NAPLES, FL 34106</del></b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/President Hedberg, Jeannine R. 810 Anchor Rode Drive Naples, FL 34103</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

*Jeannine R Hedberg* 3-28-06