


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P38010</b> 1. Entity Name <b>S &amp; J MANAGEMENT, INC.</b>	
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Principal Place of Business <b>100 RED FERN PLACE FLOWOOD, MS 39232</b>	Mailing Address <b>P.O BOX 320009 FLOWOOD, MS 39232</b>
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04192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>64-0696098</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>NORRIS, JOHN 201 NORTH MARION SUITE 301 LAKE CITY, FL 32056</b>
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<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	C STURDIVANT, MIKE ROUTE 1 GLENDDORA, MS
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DC JONES, EARLE F. 2552 LAKE CIRCLE DR JACKSON, MS
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DS STURDIVANT, GAINES P. 2460 MEADOWBROOK RD JACKSON, MS
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VT HART, MICHAEL J. 1000 RED FERN PLACE FLOWOOD, MS 39232
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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04/29/05-80015-011 150.00

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 J. Hart Michael J. Hart 4/26/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #