

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000000205

FILED  
Nov 15, 2004  
Secretary of State

**Entity Name:** J & A MANAGEMENT COMPANY, INC. OF BLUE WATER BAY

**Current Principal Place of Business:**

500 KELLY RD  
OFFICE  
VALPRAISO, FL 32580

**New Principal Place of Business:**

**Current Mailing Address:**

500 KELLY RD  
OFFICE  
VALPRAISO, FL 32580

**New Mailing Address:**

**FEI Number:** 59-3163784      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WRIGHT, JOSEPH L  
1420 BAYSHORE DR  
NICEVILLE, FL 32578      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVDO ( ) Delete  
Name: WRIGHT, MICHAEL R  
Address: 106 WRIGHT DRIVE  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH L. WRIGHT

MR

11/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date