

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90081 010 \*\*\*150.00

**DOCUMENT # P94000055526**

1. Entity Name  
JLP MANAGEMENT ASSOCIATES, INC.



Principal Place of Business  
6112 KIPPS COLONY DR W  
SAINT PETERSBURG, FL 33707

Mailing Address  
6112 KIPPS COLONY DR W  
~~SUITE 605~~  
SAINT PETERSBURG, FL 33707

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
no suite  
Suite, Apt. #, etc.

City & State  
GULFPORT FL

City & State  
GULFPORT FL

Zip  
33707-3970

Country  
USA

Zip  
33707-3970

Country  
USA

01072008 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3268687

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
O'CONNOR, PATRICK M.  
1250 S BELCHER RD  
SUITE 160  
LARGO, FL 33771

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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 - ST - ZIP	D PAONESSA, JEFFREY L 6112 KIPPS COLONY DR W SAINT PETERSBURG, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GULFPORT FL 33707-3970 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/4/08  
Daytime Phone # \_\_\_\_\_