


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000058215 1. Entity Name DEMCO MANAGEMENT, INC.	
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Principal Place of Business 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207	Mailing Address 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DEMETREE, J C JR 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS REINSTINE JR, FRANKLIN 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MATTHEWS, LARRY D 3740 BEACH BLVD, #300 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>03/18</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

300074148703
05/08/06--01015--006 **450.00

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06
Date

Daytime Phone #

FILED
06 APR 27 AM 11:06
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3334216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required