2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000058215

1. Entity Name
DEMCO MANAGEMENT, INC.



Principal Place of Business

3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207

Mailing Address

3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207

FILED May 01, 2007 08:00 A Secretary of State

(904) 398 -7350

Daytime Phone #



DO NOT WRI	TE II	N	THIS	SPACE
------------	-------	---	------	-------

04042007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-3334216 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

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

			l					
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 provided name of registered agent and title if applicable (NOTE Registered Agent segnature required when reinstating). DATE								
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS REINSTINE JR, FRANKLIN 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207	•						
TITLE NAME STREET ADDRESS ¹ CITY-ST-ZIP	VT MATTHEWS, LARRY D 3740 BEACH BLVD, #300 JACKSONVILLE, FL 32207				000000750837 05/18/07-80078-009 300.00			
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. Thereby 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.								

NAME OF SIGNING OFFICER OR DIRECTOR