

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90169 005 ***150.00

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**

60032722



2. Principal Place of Business - No P.O. Box #
1551 Atlantic Blvd.
Suite, Apt. #, etc.
Suite 300

3. Mailing Address
P.O. Box 47050
Suite, Apt. #, etc.

04172008 Chg-P CR2E034 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3334216

Applied For
Not Applicable

Zip
32207

Country

Zip
32247-7050

Country

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

6. Name and Address of Current Registered Agent

**DEMETREE, J C JR
3740 BEACH BLVD SUITE 300
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name
Demetree, J. C., Jr.

Street Address (P.O. Box Number is Not Acceptable)
1551 Atlantic Blvd., Suite 300

City
Jacksonville **FL** Zip Code
32207

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

J. C. Demetree Jr.

4/23/08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
REINSTINE JR, FRANKLIN
3740 BEACH BLVD., SUITE 300
JACKSONVILLE, FL 32207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
MATTHEWS, LARRY D
3740 BEACH BLVD, #300
JACKSONVILLE, FL 32207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
Reinstine Jr., Franklin
1551 Atlantic Blvd, Suite 300
Jacksonville, FL 32207** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
Matthews, Larry D
1551 Atlantic Blvd, Suite 300
Jacksonville, FL 32207** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

J. C. Demetree Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If

4/28/08

904 398 7350