


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90021 025 \*\*\*150.00

<b>DOCUMENT # P96000037495</b>	
1. Entity Name <b>J &amp; P MANAGEMENT PROPERTIES, INC.</b>	

Principal Place of Business <b>219 SANDY CIRCLE SOUTH DAYTONA FL 32119</b>	Mailing Address <b>219 SANDY CIRCLE SOUTH DAYTONA FL 32119</b>
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2. Principal Place of Business <b>1888 Spruce Creek Blvd</b> Suite, Apt. #, etc.	3. Mailing Address <b>1888 Spruce Creek Blvd</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)

City & State <b>Port Orange FL</b>	City & State <b>PORT ORANGE FL</b>
Zip <b>32128</b>	Zip <b>32128</b>
Country <b>Volusia</b>	Country <b>Volusia</b>

4. FEI Number <b>59-3378286</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>STATT, PATRICIA 219 SANDY CIRCLE SOUTH DAYTONA FL 32119</b>	
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7. Name and Address of New Registered Agent Name <b>PATRICIA STATT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1888 Spruce Creek Blvd</b> City <b>PORT ORANGE</b> FL Zip Code <b>32128</b>	
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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 <b>PATRICIA STATT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>3-11-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHEID, GERALD G 219 SANDY CIRCLE SOUTH DAYTONA FL 32119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STATT, PATRICIA 219 SANDY CIRCLE SOUTH DAYTONA FL 32119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Scheid Gerald G. 1888 Spruce Creek Blvd PORT ORANGE FL 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST  Patricia Statt 1888 Spruce Creek Blvd. Port Orange, FL 32128 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>PATRICIA STATT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>3-11-05</b> DAYTIME PHONE # <b>386 760-4140</b>