

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000081407

1. Entity Name
JVV MANAGEMENT, INC.



Principal Place of Business
**110 E. REYNOLDS STREET
#700
PLANT CITY, FL 33566 US**

Mailing Address
**P.O. BOX 1118
PLANT CITY, FL 33564 US**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3472033

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**VERNER, JOHN V JR
110 E. REYNOLDS STREET
#700
PLANT CITY, FL 33566**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000648563
03/07/07-80014-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
VERNER, JOHN V JR
STREET ADDRESS
110 E. REYNOLDS STREET - #700
CITY-ST-ZIP
PLANT CITY, FL 33566

TITLE
D
NAME
VERNER, SALLY P
STREET ADDRESS
110 E. REYNOLDS STREET - #700
CITY-ST-ZIP
PLANT CITY, FL 33566

TITLE
SD
NAME
VERNER, EDWARD M
STREET ADDRESS
110 E. REYNOLDS STREET - #700
CITY-ST-ZIP
PLANT CITY, FL 33566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #