

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90036 032 \*\*\*150.00

**DOCUMENT # P97000104471**

1. Entity Name  
**JONCO MANAGEMENT, INC.**



Principal Place of Business  
**2789 WRIGHTS RD  
1001  
OVIEDO, FL 32765-8528**

Mailing Address  
**2789 WRIGHTS RD  
1001  
OVIEDO, FL 32765-8528**



01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3483930**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEIGH, RICHARD A  
1031 W. MORSE BLVD  
STE 350  
WINTER PARK, FL 32789**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PETRAKIS, JOHN
STREET ADDRESS	<del>900 LINCOLN CIRCLE</del> 1054 McKean Circle
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VPD
NAME	PETRAKIS, MARY
STREET ADDRESS	<del>900 LINCOLN CIRCLE</del> 1054 McKean Circle
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	PETRAKIS, JAMES J
STREET ADDRESS	<del>900 LINCOLN CIRCLE</del> 1054 McKean Circle
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	PETRAKIS, BRIAN T
STREET ADDRESS	<del>900 LINCOLN CIRCLE</del> 1054 McKean Circle
CITY-ST-ZIP	WINTER PARK, FL 32789
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

4/13/06