## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCL	<b>JMENT</b>	# P9	70001	04471
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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



## DO NOT WRITE IN THIS SPACE

* /2220* *2 ***		
01112007	No Chg-P	CR2E034 (11/05)

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

WINTER PARK, FL 32/89			the company of the part of the contract of the		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	epplicable (NOTE Registered	d Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETRAKIS, JOHN 1054 MCKEAN CIRCLE WINTER PARK, FL 32789		eran e Arriva (ha e A esperante de la compositione		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETRAKIS, MARY 1054 MCKEAN CIRCLE WINTER PARK, FL 32789			000000597168 01/24/07-80026-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRAKIS, JAMES J 1054 MCKEAN CIRCLE WINTER PARK, FL 32789	·	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRAKIS, BRIAN T 1054 MCKEAN CIRCLE WINTER PARK, FL 32789		in in	THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST- ZIP			e grande en	en de la companya del companya de la	
TITLE NAME STREET ADDRESS			and the above		

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 cath, 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 likely empowered.

SIGNATURE:  $\chi$ 

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07

Daytime Phone #