


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 08:00 A
Secretary of State

DOCUMENT # P98000041747	
1. Entity Name J & F MANAGEMENT CORP.	

Principal Place of Business 5900 CASA DEL RAY CIRCLE ORLANDO, FL 32809	Mailing Address POST OFFICE BOX 1650 WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3509688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ORCHILLES, FRANCISCO
5900 CASA DEL REY CIRCLE
ORLANDO, FL 32809**

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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000834583 02/28/08-80058-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE PD	ORCHILLES, FRANCISCO
NAME	5900 CASA DEL RAY CIRCLE
STREET ADDRESS	ORLANDO, FL 32809
CITY-ST-ZIP	
TITLE VP	ORCHILLES, JUAN C
NAME	5900 CASA DELREY CIR
STREET ADDRESS	ORLANDO, FL 32809
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **2/19/08** **4073630015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #