2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# V11649

Entity Name: J.M.D. MANAGEMENT, INC.

Current Principal Place of Business:

10019 OUTLAW WAY
LAND O LAKES, FL 34639 US

New Principal Place of Business:

24505 HIDEOUT TRAIL
LAND O LAKES, FL 34639 US

Current Mailing Address:

250 CRYSTAL GROVE BLVD
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 59-3102971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, LINDA P.
250 CRYSTAL GROVE BLVD
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: DALFINO, JOHN M.
Address: 10019 OUTLAW WAY
City-St-Zip: LAND O LAKES, FL 34639

Title: V ( ) Delete
Name: DALFINO, GAETANO
Address: 15901 MANNING DR
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete
Name: DALFINO, VANDLA K.
Address: 10019 OUTLAW WAY
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: DALFINO, JOHN M.
Address: 24505 HIDEOUT TRAIL
City-St-Zip: LAND O LAKES, FL 34639

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: DALFINO, VANDLA K.
Address: 24505 HIDEOUT TRAIL
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DALFINO PSD 04/30/2009

Electronic Signature of Signing Officer or Director Date