

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768919

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: 4139 MANAGEMENT, INC.

## Current Principal Place of Business:

4139 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169 US

## New Principal Place of Business:

## Current Mailing Address:

4139 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169 US

## New Mailing Address:

FEI Number: 59-2334672      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROOKE, NELSON A  
255 MINORCA BEACH WAY STE 405  
NEW SMYRNA BEACH, FL 32169 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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MYRICK, BRUCE  
Address: P.O. BOX 616278  
City-St-Zip: ORLANDO, FL 32861

Title: VP ( ) Delete  
Name: ABBOTT, RAY  
Address: 4139 S ATLANTIC B 601  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T ( ) Delete  
Name: BROOKE, NESLON  
Address: 255 MINORCA BEACH WAY 405  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S ( ) Delete  
Name: ZEBROWSKI, ROBERT  
Address: 4139 S ATLANTIC A 101  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: DECKER, BILLY  
Address: 30514  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: MARKLAND, BRENDA  
Address: 271 WEST CITRUS ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON A. BROOKE

TRES

01/09/2008

Electronic Signature of Signing Officer or Director

Date