## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#768919** 

9 Mar 20, 2009 Secretary of State

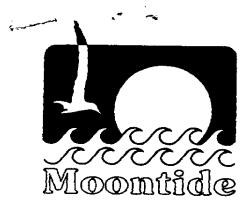
**FILED** 

Entity Name: 4139 MANAGEMENT, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4139 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 US **Current Mailing Address: New Mailing Address:** 4139 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 US FEI Number: 59-2334672 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROOKE, NELSON A 255 MINÓRCA BEACH WAY STE 405 NEW SMYRNA BEACH, FL 32169 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MYRICK, BRUCE Name: Name: P.O. BOX 616278 Address: Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete ABBOTT, RAY Name: HUTCHINS, JOE Name: Address: 4139 S ATLANTIC B 601 Address: 16100 SW 87TH AVE City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: MIAMI, FL 33157 Title: () Delete Title: () Change () Addition BROOKE, NESLON Name: Name: 255 MINORCA BEACH WAY 405 Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: (X) Change ( ) Addition Title: ( ) Delete Title: Name: ZEBROWSKI, ROBERT Name: MARKLAND, BRENDA Address: 4139 S ATLANTIC A 101 Address: 271 WEST CITRUS STREET City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: () Delete Title: () Change () Addition DECKER, BILLY Name: Name: Address: 30514 Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MARKLAND, BRENDA VOSS, LINDA Name: Name: Address: 271 WEST CITRUS ST Address: 4139 S ATLANTIC AVE ALTAMONTE SPRINGS, FL 32714 NEW SMYRNA BEACH, FL 32169 City-St-Zip: 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 T 03/20/2009



March 21, 2009

768919 3/20/04

Florida Department of State Att: Sean Toner Divison of Corporations PO Box 6327 Tallahassee, FL 32314

Tracking Number: 300146553173

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Dear Sirs:

We have an additional Board of Director that could not be entered in your system of only six. The information is as follows:

Ray Abbott - Director 4139 S Atlantic Ave Apt b601 New Smyrna Beach FL 32169

If you need any further information, do not hesitate to email us at <a href="mailto:nbrooke@cfl.rr.com">nbrooke@cfl.rr.com</a>.

Sincerely yours,

Nelson Brooke Treasurer