

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000003652**



1. Entity Name  
**IS - RUNOFF MANAGEMENT, INC.**

Principal Place of Business  
**2 FARMINGDALE LANE  
 NEWARK, DE 19711**

Mailing Address  
**7901 4TH STREET NORTH  
 SUITE 200  
 ST. PETERSBURG, FL 33702**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4677827</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCNALLY, JOSEPH W  
 7901 4TH STREET NORTH  
 SUITE 200  
 ST. PETERSBURG, FL 33702**

**DO NOT WRITE  
 IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP NEWTON, RICHARD M 4 BEECHWOOD CIRCLE CHADD FORD, PA 19317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV MCNALLY, JOSEPH W 830 PINELLAS BAYWAY SOUTH TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEALE, CHARLES L 401 HARBOR PLAINS DRIVE #1201 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNALLY, BONNIE J 830 PINELLAS BAYWAY SOUTH TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/10/07-80084-019 158.75

**DO NOT WRITE  
 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07 721.577.4785  
Date Daytime Phone # x241