2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # G12498

1. Entity Name
FLORIDA MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
1555 PALM BCH LKS BLVD #1100 P O BOX 3267 WEST PALM BEACH, FL 33402	1555 PALM BCH LKS BLVD #1100 P O BOX 3267 WEST PALM BEACH, FL 33402

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02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2239864

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD, JR.
1555 PALM BCH LKS BLVD #1100
WEST PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000000103994
040405Z04-80090-005 158.75

10. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	ECCLESTONE, E LLWYD,JR
STREET ADDRESS	1555 PALM BCH LKS BLVD
CITY-ST-ZIP	W PALM BCH, FL 00000,
TITLE	EVDT
NAME	COOPER, RON
STREET ADDRESS	1555 PALM BCH LKS BLVD
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	S
NAME	GAMMON, NANNETTE
STREET ADDRESS	1555 PALM BCH LKS BLV
CITY-ST-ZIP	W PALM BCH, FL
TITLE	V
NAME	BISHOP, PATRICE G
STREET ADDRESS	1555 PALM BCH LKS BLVD.
CITY-ST-ZIP	W PALM BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ron Cooper 4/1/04 561/686-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #