

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # G12498 1. Entity Name FLORIDA MANAGEMENT COMPANY	
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Principal Place of Business 1555 PALM BCH LKS BLVD #1100 P O BOX 3267 WEST PALM BEACH, FL 33402	Mailing Address P.O. BOX 3267 WEST PALM BEACH, FL 33402
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

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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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 _____

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
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10. OFFICERS AND DIRECTORS

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

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02/28/07-80036-004 158.75

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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 107, 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* **RON COOPER**
EXECUTIVE VICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #