


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 01, 2006 08:00 AM  
Secretary of State

DOCUMENT-# P92000011240 1. Entity Name FORT MANAGEMENT COMPANY, INC.		
Principal Place of Business 100 NORTH OAK AVENUE FT. MEADE, FL 33841	Mailing Address 100 NORTH OAK AVENUE FT. MEADE, FL 33841	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  FORT, RICHARD A 100 NORTH OAK AVENUE FT. MEADE, FL 33841		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	FORT, RICHARD A	
STREET ADDRESS	100 NORTH OAK AVENUE	
CITY-ST-ZIP	FT. MEADE, FL 33841	
TITLE	D	
NAME	FORT, MARY V	
STREET ADDRESS	100 NORTH OAK AVENUE	
CITY-ST-ZIP	FT. MEADE, FL 33841	
TITLE	D	
NAME	FORT, C R	
STREET ADDRESS	19 N.E. THIRD STREET	
CITY-ST-ZIP	FT. MEADE, FL 33841	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Richard A. Fort</u> <u>Richard A Fort President</u> 2-16-06 863 285 9164 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3155120 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

U00000451881  
03/11/06-80004-015 150.00

DO NOT WRITE  
IN THIS SPACE