


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000101779  
1. Entity Name  
4150 WAREHOUSE MANAGEMENT, INC.



Principal Place of Business: 5603 CHUMUCKLA HIGHWAY, PACE, FL 32571  
Mailing Address: PO BOX 3622, MILTON, FL 32572 US

**DO NOT WRITE IN THIS SPACE**



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-3419602 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MARCUS, JR, HAROLD E  
5603 CHUMUCKLA HIGHWAY  
PACE, FL 32571

**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 \_\_\_\_\_

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  
UD00000667865 03/27/07-80005-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARCUS, JR, HAROLD E
STREET ADDRESS	5603 CHUMUCKLA HIGHWAY
CITY-ST-ZIP	PACE, FL 32571
TITLE	S
NAME	POLLAK, SR, LEWIS BEAR
STREET ADDRESS	6730 N EPPING FOREST WAY #107
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Harold Marcus 3/15/07 850/623-1702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #