


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000099191**  
 1. Entity Name  
**BUSINESS MANAGEMENT INC.**



Principal Place of Business  
**1500 BISHOP ESTATES RD  
 UNIT #17A  
 JACKSONVILLE, FL 32259**

Mailing Address  
**1500 BISHOP ESTATES RD  
 UNIT #17A  
 JACKSONVILLE, FL 32259**



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3613284**  Applied For  Not Applicable

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

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

**MEUCHE, HOWARD O  
 1500 BISHOP ESTATES RD UNIT 17A  
 JACKSONVILLE, FL 32259**

**DO NOT WRITE  
 IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MEUCHE, HOWARD O
STREET ADDRESS	1500 BISHOP ESTATES RD UNIT 17A
CITY - ST - ZIP	JACKSONVILLE, FL 32259
TITLE	ST
NAME	MEUCHE, LOU R
STREET ADDRESS	1500 BISHOP ESTATES RD UNIT 17A
CITY - ST - ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/17/06-80036-025 150.00

**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: HOWARD O. MEUCHE** *H. O. Meuche* 01/11/2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #