

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G00263 1. Entity Name FLORIDA CENTRAL MANAGEMENT, INC.			
Principal Place of Business 2430 ESTANCIA BLVD SUITE 114 CLEARWATER, FL 34621 US		Mailing Address 2430 ESTANCIA BLVD SUITE 114 CLEARWATER, FL 34621 US	
2. Principal Place of Business 603 Indian Rocks Road Suite, Apt. #, etc.		3. Mailing Address 603 Indian Rocks Road Suite, Apt. #, etc.	
City & State Belleair FL		City & State Belleair FL	
Zip 33756		Country USA	
4. FEI Number 59-2223649		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUGGLES, THOMAS W 603 INDIAN ROCKS RD. BELLEAIR, FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 09/26/06--01071--008 **150.00 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OILSCHLAGER, RODNEY 100 N. WESTHAVEN DR., STE. D OSHKOSH, WI 54904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Oilschlager, Rodney 2990 Universal Street, Suite B Oshkosh, WI 54904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARKEE, WILLIAM 100 N. WESTHAVEN DR., STE. D OSHKOSH, WI 54904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Mark, John J. 2990 Universal Street, Suite B Oshkosh, WI 54904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MARK, JOHN J. 100 N. WESTHAVEN DR., STE. D OSHKOSH, WI 54904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ruggles, Thomas W. 603 Indian Rocks Road Belleair, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Thomas W. Ruggles		9/25/06 (727) 449-2500 <small>Date Daytime Phone #</small>	