
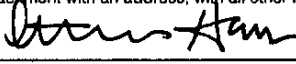


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 395666</b>			
1. Entity Name <b>HESS MANAGEMENT, INC.</b>			
Principal Place of Business <b>6558 DOG TRACK EBRO, FL 32437 US</b>		Mailing Address <b>6558 DOG TRACK EBRO, FL 32437 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04232007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-1396866</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			
<b>HESS, STOCKTON R 6512 DOG TRACK RD. EBRO, FL 32437</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 reappointing) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		0000000753671 05/22/07-80029-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HESS, HARRY L. 10102 WOODSING WAY TAMPA, FL	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD HESS, ROBERT 10102 WOODSING WAY TAMPA, FL 33618		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HESS, MARGARET G 10102 WOODSONG WAY TAMPA, FL 33618		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEVENS, CRAIG 5501 ARNOLD RD PANAMA CITY, FL 32404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESS, STOCKTON R 6512 DOG TRACK RD. EBRO, FL 32437		
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:  <b>Stockton R. Hess</b>		4/25/07 850-234-3943	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	