2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 828335

Entity Name: MISSISSIPPI MANAGEMENT, INC.

Current Principal Place of Business:

1000 RED FERN PLACE
FLOWOOD, MS 39232 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 320009
FLOWOOD, MS 39232 US

New Mailing Address:

FEI Number: 64-0434090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORRIS,JOHN E
201 N. MARION STREET
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: STURDIVANT, MIKE P
Address: RT 1
City-St-Zip: GLENDORA, MS 00000,

Title: P ( ) Delete
Name: STURDIVANT, GAINES P.
Address: 1000 RED FERN PLACE
City-St-Zip: FLOWOOD, MS 39232

Title: DC ( ) Delete
Name: JONES, EARLE F
Address: 2552 LAKE CIR
City-St-Zip: JACKSON, MS 00000,

Title: VT ( ) Delete
Name: HART, MICHAEL J.
Address: 1000 RED FERN PLACE
City-St-Zip: FLOWOOD, MS 39232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. HART VT 04/23/2009

Electronic Signature of Signing Officer or Director Date