

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164287

Entity Name: 3-CORP. MANAGEMENT, INC.

FILED  
Jan 11, 2011  
Secretary of State

## Current Principal Place of Business:

453 COUNTY RD 489  
LAKE PANASOFKEE, FL 33538

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 949  
LAKE PANASOFKEE, FL 33538

## New Mailing Address:

FEI Number: 04-3801563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAUFLER, MONICA  
1712 SE 35TH LN  
OCALA, FL 34471 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

## OFFICERS AND DIRECTORS:

Title: D  
Name: HAUFLER, MONICA  
Address: 453 COUNTY RD 489  
City-St-Zip: LAKE PANASOFKEE, FL 33538

Title: D  
Name: STRANGE, CHARLES E JR.  
Address: 453 COUNTY RD 489  
City-St-Zip: LAKE PANASOFKEE, FL 33538

Title: D  
Name: ADAMS, SCOTT A  
Address: 453 COUNTY RD 489  
City-St-Zip: LAKE PANASOFKEE, FL 33538

Title: D  
Name: DEAN, CHARLES S  
Address: 453 COUNTY RD 489  
City-St-Zip: LAKE PANASOFKEE, FL 33538

Title: D  
Name: DEAN, CHARLES S JR  
Address: 453 COUNTY RD 489  
City-St-Zip: LAKE PANASOFKEE, FL 33538

I hereby 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 all other like empowered.

SIGNATURE: MONICA HAUFLER

D

01/11/2011

Electronic Signature of Signing Officer or Director

Date