

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000164287

**Entity Name:** 3-CORP. MANAGEMENT, INC.

**Current Principal Place of Business:**

835 CR 529

LAKE PANASOFKEE, FL 33538

**Current Mailing Address:**

PO BOX 3066

OCALA, FL 34478 US

**FEI Number:** 04-3801563

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAUFLER, MONICA  
4650 SW 7TH AVE RD  
OCALA, FL 34471 US

*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

**Officer/Director Detail :**

Title D  
Name HAUFLER, MONICA  
Address 835 CR 529  
City-State-Zip: LAKE PANASOFKEE FL 33538

Title D  
Name STRANGE, CHARLES EJR.  
Address 835 CR 529  
City-State-Zip: LAKE PANASOFKEE FL 33538

Title D  
Name ADAMS, SCOTT A  
Address 835 CR 529  
City-State-Zip: LAKE PANASOFKEE FL 33538

Title D  
Name DEAN, CHARLES S  
Address 835 CR 529  
City-State-Zip: LAKE PANASOFKEE FL 33538

Title D  
Name DEAN, CHARLES SJR  
Address 835 CR 529  
City-State-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

**DIRECTOR**

**03/22/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date