

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164287

Entity Name: 3-CORP. MANAGEMENT, INC.

Current Principal Place of Business:

453 COUNTY RD 489
LAKE PANASOFKEE, FL 33538

Current Mailing Address:

P.O.BOX 949
LAKE PANASOFKEE, FL 33538

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 453 COUNTY RD 489
City-State-Zip: LAKE PANASOFKEE FL 33538

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

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

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

Title D
Name DEAN, CHARLES S
Address 453 COUNTY RD 489
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

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date