


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # 244268 1. Entity Name PNS MANAGEMENT CORP.	
---	---

Principal Place of Business 903 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211 US	Mailing Address 903 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211 US
---	---

DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0917868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRECHER, DAVID
%SMITH, GAMBRELL & RUSSELL, LLP
50 NORTH LAURA STREET, SUITE 2200
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SETZER, LEONARD R 2623 FOREST POINT CT JAX, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KEMPNER, FRANCINE T. 4158 ALHAMBRA DR. W. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000674526
03/29/07-80072-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Francine T. Kempner* 3/18/07 904-743-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #