


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90161 009 ****61.25

DOCUMENT # 756204
 1. Entity Name
4141 MANAGEMENT, INC.



Principal Place of Business
4141 S. ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

Mailing Address
4141 S. ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

DO NOT WRITE IN THIS SPACE

60032310



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2111972

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROBERTS, THURLOW E
415 CANAL ST
NEW SMYRNA BEACH, FL 32168

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8. The above named entry 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 _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAGEL, SHIRLEY 7213 CHESTERHILL CIR MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMUNDSON, JAMES 1043 HOMESTEAD GANE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NAGEL, SHIRLEY 7213 CHESTERHILL CIRCLE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLAYTON, KEVIN 5269 GRANDON DRIVE HILLIARD, OH 43026 <i>BOB THOMPSON 982 E SKYLINE DR BROWNSTOWN, IN 47220</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD BEEGHLY, KAREN 116 B WISTERIA LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>FRANK RODRIGUES 13 WILDWOOD CIRCLE NAUGATUCK, CT 06770</i>

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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 617, 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: *Barbara Bellotti* MANAGER **BARBARA BELLOTTI** 4/14/08 386-428-3946
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #