2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90302 010 ****61.25

DOCUMENT # 768919

1. Entity Name
4139 MANAGEMENT, INC.

50043491

Principal Place of Business	Mailing Address
4139 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 US	4139 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 US

03312005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2334672 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SACHS MELYNDA 4139 S ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169	Name Larry Dever Street Address (P.O. Box Number is Not Acceptable) 909 Clubhouse Blvd City New Smyrna Beach FL Zip Code 32168

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 Larry Dever 4/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ABBOTT, RAY B601 4139 S ATLANTI AVE. NEW SMYRNA BEACH, FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. Resigned ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRUSHKA, KEN P.O. BOX 2705 WINTER PARK, FL 32790	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. P. Bill Decker P.O. Box 246 Blairsville, GA. 30514 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANNETT, TOM B403, 4139 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Tom Annett B-403 S. Atlantic Ave. New Smyrna Bch. Fl. 32169 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HUTCHINS, JOE 16100 SW 87TH AVE. MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. Larry Dever 909 Clubhouse Blvd. New Smyrna Bch. Fl. 32168 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROSEN, LISA 1684 INDIAN DANCE CRT. MAITLAND, FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Jack Masaitis 4139 S. Atlantic Ave New Smyrna Bch. Fl. 32169 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, CLAIR B602 4139 S ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. Joe Papin 103 Birkwood Ct. DeBary, Fl. 32713 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Larry Dever 4/21/05 386-428-5691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #