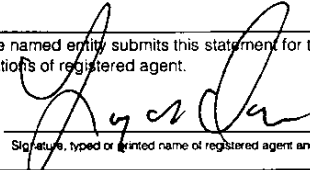
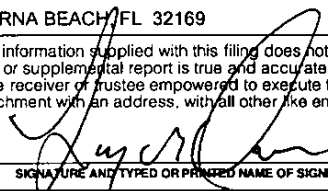


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 4139 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 US			Mailing Address 4139 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 4/21/05			
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 346 DAIRSVILLE, 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 MASATIS 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/21/05 DAYTIME PHONE # 386-428-5691			

50043491



03312005 Chg-NP CR2E037 (10/03)

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

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