

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90036 033 ****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

1st MOORE

CR2E037 (10/05)

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

DEVER, LARRY
909 CLUBHOUSE BLVD
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name Nelson A. Brooke
Street Address (P.O. Box Number is Not Acceptable)
255 MINORCA BEACH WAY
#405
City NEW SMYRNA BEACH FL Zip Code 32169

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

Nelson A. Brooke

Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE VP ☒ Delete
NAME DECKER, BILL
STREET ADDRESS P.O. BOX 246
CITY-ST-ZIP BLAIRSVILLE GA 30514

TITLE D ☒ Delete
NAME ANNETT, TOM
STREET ADDRESS B-4103 S. ATLANTIC AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE T ☒ Delete
NAME DEVER, LARRY
STREET ADDRESS 909 CLUBHOUSE BLVD
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE D ☒ Delete
NAME MASAITIS, JACK
STREET ADDRESS 4139 S. ATLANTIC AVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE S ☒ Delete
NAME PAPIN, JOE
STREET ADDRESS 103 BIRKWOOD CT
CITY-ST-ZIP DEBARY FL 32713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☒ Addition
NAME Bruce Myrick
STREET ADDRESS P.O. Box 66278
CITY-ST-ZIP Orlando, FL 32861

TITLE Vice President ☐ Change ☒ Addition
NAME Ray Abbott
STREET ADDRESS 4139 S. Atlantic # B-601
CITY-ST-ZIP New Smyrna Beach, FL 32169

TITLE Treasurer ☐ Change ☒ Addition
NAME Nelson Brooke
STREET ADDRESS 255 minorca Beach way #405
CITY-ST-ZIP New Smyrna Beach, FL 32169

TITLE Secretary ☐ Change ☒ Addition
NAME Robert Zebrowski
STREET ADDRESS 4139 S. Atlantic # A-101
CITY-ST-ZIP New Smyrna Beach, FL 32169

TITLE Director ☐ Change ☒ Addition
NAME Billy Decker
STREET ADDRESS P.O. Box 246
CITY-ST-ZIP Blairsville, Ga. 30514

TITLE Director ☐ Change ☒ Addition
NAME Ray Venditti
STREET ADDRESS 10217 Lake Louise Road
CITY-ST-ZIP Clermont, FL 34711

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Nelson A. Brooke

Nelson Brooke

386 428 569