

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768919

FILED
Jan 04, 2010
Secretary of State

Entity Name: 4139 MANAGEMENT, INC.

Current Principal Place of Business:

4139 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

4139 S ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

FEI Number: 59-2334672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKE, NELSON A
255 MINORCA BEACH WAY STE 405
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MYRICK, BRUCE
Address: P.O. BOX 616278
City-St-Zip: ORLANDO, FL 32861

Title: VP
Name: PAOLONI, CATHI
Address: 429 BARCLAY AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T
Name: BROOKE, NESLON
Address: 255 MINORCA BEACH WAY 405
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S
Name: MARKLAND, BRENDA
Address: 271 WEST CITRUS STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: DECKER, BILLY
Address: PO BOX 426
City-St-Zip: BLAIRSVILLE, FL 30514

Title: D
Name: VOSS, LINDA
Address: 4139 S ATLANTIC AVE APT B502
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NELSON BROOKE

T

01/04/2010

Electronic Signature of Signing Officer or Director

Date