


6198

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
May 04, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # 828335</b> 1. Entity Name MISSISSIPPI MANAGEMENT, INC.	
--	---

Principal Place of Business 1000 RED FERN PLACE FLOWOOD, MS 39232 US	Mailing Address PO BOX 320009 FLOWOOD, MS 39232 US
--	--



03182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 64-0434090	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**6. Name and Address of Current Registered Agent**

NORRIS, JOHN E  
201 N. MARION STREET  
LAKE CITY, FL 32055

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000155378 05/05/04-80059-008 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC STURDIVANT, MIKE P RT 1 GLENDORA, MS 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STURDIVANT, GAINES P. 1000 RED FERN PLACE FLOWOOD, MS 39232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC JONES, EARLE F 2552 LAKE CIR JACKSON, MS 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HART, MICHAEL J. 1000 RED FERN PLACE FLOWOOD, MS 39232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:** Michael J Hart **4/30/04** **601-936-3666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #