

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002005

Entity Name: CALVARY MANAGEMENT, INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

468 ALINOLE LOOP
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

PO BOX 480354
CHARLOTTE, NC 28269

New Mailing Address:

FEI Number: 59-3615570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISKO, BRUCE
468 ALINOLE LOOP
LAKE MARY, FL 32746 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MISKO, BRUCE
Address: 468 ALINOLE LOOP
City-St-Zip: LAKE MARY, FL 32746

Title: P () Delete
Name: PASTOR, AMANDA
Address: 716 WELLESLEY AVE
City-St-Zip: AKRON, OH 44303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PASTOR, AMANDA
Address: PO BOX 480354
City-St-Zip: CHARLOTTE, NC 28269

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA PASTOR

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date