

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000006455

1. Entity Name
SOVEREIGN MANAGEMENT CORP.



Principal Place of Business

**5304 BURCHETTE RD
TAMPA, FL 33647**

Mailing Address

**5304 BURCHETTE RD
TAMPA, FL 33647**

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2039629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRIMPOLI, BRUNO D
5304 BURCHETTE RD
TAMPA, FL 33647**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000124699
04/22/04-80055-012 158.75**

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	TRIMPOLI, BRUNO D
STREET ADDRESS	5304 BURCHETTE RD
CITY- ST- ZIP	TAMPA, FL 33647
TITLE	S
NAME	WILLIAMS, JOHN H
STREET ADDRESS	1225 KING STREET, SUITE 700
CITY- ST- ZIP	WILMINGTON, DE 19801
TITLE	D
NAME	CONNOR, DONALD A
STREET ADDRESS	115 MUIRHEAD AVE
CITY- ST- ZIP	TRENTON, NJ 086385136
TITLE	D
NAME	WISE, PAUL E
STREET ADDRESS	111 LAHINCH COURT
CITY- ST- ZIP	MIDDLETOWN, DE 19709
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04