

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005649

Entity Name: B.S. MANAGEMENT, INC.

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

551 E. BARKSDALE DRIVE  
MOBILE, AL 36606

**New Principal Place of Business:**

328 S. SAGE AVENUE  
SUITE 100  
MOBILE, AL 36606

**Current Mailing Address:**

551 E. BARKSDALE DRIVE  
MOBILE, AL 36606

**New Mailing Address:**

328 S. SAGE AVENUE  
SUITE 100  
MOBILE, AL 36606

FEI Number: 63-1236552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COX, WILLIAM J  
17287 PERDIDO KEY DRIVE. #804  
PENSACOLA, FL 32507 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: CHRM ( ) Delete  
Name: COX, WILLIAM J  
Address: 551 E. BARKSDALE DRIVE  
City-St-Zip: MOBILE, AL 36606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CHRM (X) Change ( ) Addition  
Name: COX, WILLIAM J  
Address: 328 S. SAGE AVENUE SUITE 100  
City-St-Zip: MOBILE, AL 36606

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: WILLIAM J. COX

MR.

04/21/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date