2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000262

Title:

Name:

Address:

City-St-Zip:

Entity Name: ETC PARTNERS MANAGEMENT, INC

() Delete

CAMPBELL, ELIZABETH T

2228 HONTOON ROAD

DELAND, FL 32720

FILED Mar 18, 2009 Secretary of State

Entity Nar	ne: ETC PART	NERS MANAGEMENT, INC				
Current Principal Place of Business:			New Principal Place of Business:			
101 N WO DELAND, I	ODLAND BLVD FL 32720	SUITE 301				
Current Mailing Address:			New Mailing Address:			
101 N WO DELAND, I	ODLAND BLVD FL 32720	SUITE 301				
FEI Number:	01-0690019	FEI Number Applied For ()	FEI Number Not Appl	icable () Certifica	ate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
JANET E. 203 EAST DELAND, I						
	named entity su of Florida.	ubmits this statement for the p	ourpose of changing i	s registered office or r	egistered agent, or both,	
SIGNATUR						
Flanting Com		Signature of Registered Ag	ent		Date	
	S AND DIRECT	Trust Fund Contribution (). ORS:	ADDITION	S/CHANGES TO OFF	ICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CS ()[CAMPBELL, ELII 2228 HONTOON DELAND, FL 32	ROAD	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	GRAHAM, JR., C	S BLVD SUITE 225	Title: Name: Address: City-St-Zip:	VC (X) Change GRAHAM, JR., CROLEY 515 CHURCH STREET FRANKLIN, TN 37064		
Title: Name: Address: City-St-Zip:	GRAHAM, JR., C	S BLVD SUITE 225	Title: Name: Address: City-St-Zip:	P (X) Change GRAHAM, JR., CROLEY 1 515 CHURCH STREET FRANKLIN, TN 37064	* *	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CROLEY W. GRAHAM, JR. PRES 03/18/2009

() Change () Addition