2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90088 032 ***150.00

DOCUMENT # F47892

1. Entity Name
TANDEM MANAGEMENT CORP.

Principal Place of Business	Mailing Address
240 S. PINEAPPLE AVE. 10TH FLOOR SARASOTA, FL 34236 US	333 S TAMIAMI TRL. STE. 101 VENICE, FL 34285 US

03182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
333 S. Tamiami Trail	
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.
City & State: Venice, FL	City & State
Zip: 34285 Country: US	Zip / Country

4. FEI Number: 59-2131128 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAND, DAVID S
240 S. PINEAPPLE AVE.
10TH FLOOR
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name: Miller, Michael W.
Street Address (P.O. Box Number is Not Acceptable): 333 S. Tamiami Trail Suite 101
City: Venice FL Zip Code: 34285

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BAND, DAVID S 240 S. PINEAPPLE AVE., 10TH FL. SARASOTA, FL 34236 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MILLER, MICHAEL W 333 S TAMIAMI TRL., STE. 101 VENICE, FL 34285 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Miller, Michael W. 333 S. Tamiami Trail Ste 101 Venice, FL 34285 ☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #