## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 07, 2006 8:00 am Secretary of State DOCUMENT # F92000000767 1. Entity Name 04-07-2006 90027 049 \*\*\*158.75 REEF MANAGEMENT CO. Principal Place of Business Mailing Address 9 BARRACUDA LANE 9 BARRACUDA LANE KEY LARGO, FL 33037 US KEY LARGO, FL 33037 US 2. Principal Place of Business 3. Mailing Address 1551 VIA TUS<u>CAN</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 02102006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0377206 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRYAN, SUSAN JILL M. JENKINS Street Address (P.D. Box Number is Not Acceptable) 9 BARRACUDA LANE KEY LARGO, FL 33037 WINTER PARK 32789 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition BRYAN, SUSAN NAME NAME STREET ADDRESS 9 BARRACUDA LANF STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 CITY-ST-ZIP TITLE VP Delete TITLE ☐ Change ☐ Addition HILMER, WAYNE J NAME STREET ADDRESS 1551 VIA TUSCANY STREET ADDRESS CITY-ST-ZIP WINTERPARK, FL 32789 CITY-ST-ZiP ST TITLE Delete TITLE ☐ Change ■ Addition JENKINS, JILL M NAME NAME STREET ADDRESS 31 OCEAN REEF DR STE A-201 STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME HILMER, WAYNE J. STREET ADDRESS STREET ADDRESS 1551 VIA TUSCANY CITY-ST-7IP CITY-ST-ZIP WINTER PARK FL 32789 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied ental 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 principles empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED