

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F92000000767

1. Entity Name
REEF MANAGEMENT CO.



Principal Place of Business
**1551 VIA TUSCANY
WINTER PARK, FL 32789 US**

Mailing Address
**1551 VIA TUSCANY
WINTER PARK, FL 32789 US**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0377206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JENKINS, JILL M
1551 VIA TUSCANY
WINTER PARK, FL 32789**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000807455

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRYAN, SUSAN
31 OCEAN REEF DRIVE STE A101
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HILMER, WAYNE J
1551 VIA TUSCANY
WINTERPARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JENKINS, JILL M
1551 VIA TUSCANY
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JENKINS, JILL
1551 VIA TUSCANY
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WAYNE J. HILMER
PRESIDENT**

1/24/08 305-299-9768
Date Daytime Phone #