

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90239 036 \*\*\*150.00

**DOCUMENT # G07694**

1. Entity Name

**NFC MANAGEMENT, INC.**



Principal Place of Business

**2750 TRAIL DAIRY CIRCLE  
N. FORT MYERS FL 33917**

Mailing Address

**P.O. BOX 3514  
N FORT MYERS FL 33918**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**59-2236349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLEMONS, NORMAN F  
2750 TRAIL DAIRY CIRCLE  
N FORT MYERS FL 33918**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 11

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **PENNINGTON, NORMA**  
CITY-ST-ZIP **2750 TRAIL DAIRY CIR.  
FORT MYERS FL 33917**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **CLEMONS, NORMAN F**  
CITY-ST-ZIP **3505 HIBISCUS DR.  
FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CLEMONS, DENNIS**  
CITY-ST-ZIP **2999 NOTTS DAIRY ROAD  
ARCADIA FL 34266**

TITLE ☒ Change ☐ Addition  
NAME **Vice Pres/Director**  
STREET ADDRESS **CLEMONS, DENNIS--**  
CITY-ST-ZIP **2999 NOTTS DAIRY ROAD  
ARCADIA, FL 34266**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **STEPHENSON, LAURA**  
CITY-ST-ZIP **9371 TRIANA TERR #4  
FORT MYERS FL 33912**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **HAGEN, GLORIA**  
CITY-ST-ZIP **9371 TRIANA TERR #4  
FORT MYERS, FL 33912**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LEAR, PAMELA**  
CITY-ST-ZIP **7728 SCHOONER CT  
PARKLAND FL 33067**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **CLEMONS, ERIC**  
STREET ADDRESS **2999 SE NOTTS DAIRY RD**  
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☒ Change ☐ Addition  
NAME **Remove as Director**  
STREET ADDRESS **CLEMONS, ERIC**  
CITY-ST-ZIP **2999 SE NOTTS DAIRY RD  
ARCADIA, FL 34266**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*Norman F Clemons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Norman F Clemons President**

**4/25/06**

Date

**239-334-8092**

Daytime Phone #