


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G07694</b> 1. Entity Name NFC MANAGEMENT, INC.	
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Principal Place of Business 2750 TRAIL DAIRY CIRCLE N. FORT MYERS, FL 33917	Mailing Address P.O. BOX 3514 N FORT MYERS, FL 33918
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**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2236349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CLEMONS, NORMAN F 2750 TRAIL DAIRY CIRCLE N FORT MYERS, FL 33918	<b>DO NOT WRITE IN THIS SPACE</b>
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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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000891054 04/23/08-80009-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PENNINGTON, NORMA 2750 TRAIL DAIRY CIR. FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEMONS, NORMAN F 3505 HIBISCUS DR. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLEMONS, DENNIS 2999 NOTIS DIARY ROAD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEN, GLORIA 9371 TRIANA TERR #4 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAR, PAMELA 7728 SCHOONER CT PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #