

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G07694

Entity Name: NFC MANAGEMENT, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

2750 TRAIL DAIRY CIRCLE
N. FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2236349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: PENNINGTON, NORMA
Address: 2750 TRAIL DAIRY CIR.
City-St-Zip: FORT MYERS, FL 33917

Title: P () Delete
Name: CLEMONS, NORMAN F
Address: 3505 HIBISCUS DR.
City-St-Zip: FORT MYERS, FL 33901

Title: VPD (X) Delete
Name: CLEMONS, DENNIS
Address: 2999 NOTIS DIARY ROAD
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Delete
Name: HAGEN, GLORIA
Address: 9371 TRIANA TERR #4
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Delete
Name: LEAR, PAMELA
Address: 7728 SCHOONER CT
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN F CLEMONS

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date