

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # G15228 1. Entity Name FIRST MANAGEMENT ASSOCIATES, INC.	
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Principal Place of Business ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257	Mailing Address ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent DUNGEY, MARY LOUISE 12844 BAY PLANTATION DRIVE JACKSONVILLE FL 32223	
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4. FEI Number 59-2275169	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

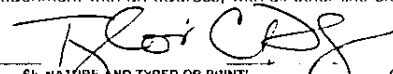
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.	
SIGNATURE _____ Signed _____	DATE _____ Date _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAY, TAYLOR C ONE SAN JOSE PL #7 JACKSONVILLE FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, ASHLEY T ONE SAN JOSE PL #7 JACKSONVILLE FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SMITH, V H III ONE SAN JOSE PL #7 JACKSONVILLE FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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05/21/08-80029-004 150.00

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.	
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SIGNATURE: 	TAYLOR C. DAY	4/25/08 (904) 268-9990
SIGNATURE AND TYPED OR PRINT	OFFICER OR DIRECTOR	Date