

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J42212

1. Entity Name  
FLORIDA MANAGEMENT ASSOCIATES, INC.



Principal Place of Business  
1546 METROPOLITAN BLVD  
UNIT B  
TALLAHASSEE, FL 32308 US

Mailing Address  
P.O. BOX 610  
MONTICELLO, FL 32345 US

2. Principal Place of Business - No P.O. Box #  
1546 Metropolitan Blvd

3. Mailing Address

Suite, Apt. #, etc.  
Suite 2

Suite, Apt. #, etc.

City & State  
Tallahassee, FL

City & State

Zip  
32308

Country  
US

Zip

Country

05012007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-2759054

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMSEY, WALTER  
265 MELINDA LANE  
MONTICELLO, FL 32344

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 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME RAMSEY, WALTER  
STREET ADDRESS 265 MELINDA LANE  
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE VP ☐ Delete  
NAME MCKNIGHT, LISA J  
STREET ADDRESS 750 RHODEN COVE RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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NAME  
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CITY-ST-ZIP

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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 #

FILED

07 MAY -1 AM 9: 03

CLERK OF STATE  
TALLAHASSEE, FLORIDA



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