

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90183 034 ***150.00

DOCUMENT # J42212

1. Entity Name
FLORIDA MANAGEMENT ASSOCIATES, INC.



Principal Place of Business
**1546 METROPOLITAN BLVD
SUITE 2
TALLAHASSEE, FL 32308 US**

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

60035667



01162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2759054

Applied For
☐ Not Applicable

Zip+ Country

Zip Country

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 **LISA MCKNIGHT**
Street Address (P.O. Box Number is Not Acceptable) **2064 W. Forest Dr.**
City **Tallahassee** FL Zip Code **32303**

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]
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, 2008 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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **LISA MCKNIGHT**
STREET ADDRESS **2064 W. Forest Ave.**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **VP** ☒ Change ☐ Addition
NAME **Walter Ramsey**
STREET ADDRESS **265 Melinda Lane**
CITY-ST-ZIP **Monticello, FL 32344**

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

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

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

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

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 empowerments.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA MCKNIGHT

Date

Daytime Phone

4/23/08