

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42212

FILED
Apr 02, 2009
Secretary of State

Entity Name: FLORIDA MANAGEMENT ASSOCIATES, INC.

Current Principal Place of Business:

1546 METROPOLITAN BLVD
SUITE 2
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 610
MONTICELLO, FL 32345 US

New Mailing Address:

FEI Number: 59-2759054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKNIGHT, LISA
2064 W. FOREST DR.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

MCKNIGHT, LISA
1921 KAREN LANE
TALLAHASSEE, FL 32304 US

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: LISA MCKNIGHT

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCKNIGHT, LISA
Address: 2064 W. FOREST AVE.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP () Delete
Name: RAMSEY, WALTER
Address: 265 MELINDA LANE
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCKNIGHT, LISA
Address: 1921 KAREN LANE
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP (X) Change () Addition
Name: MCKNIGHT, KELLEY
Address: 1921 KAREN LANE
City-St-Zip: TALLAHASSEE, FL 32304

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: LISA MCKNIGHT

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date