

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J42212

**FILED**  
**Jun 23, 2010**  
**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:**

1813 JACKSON BLUFF ROAD  
TALLAHASSEE, FL 32304 US

**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  
1921 KAREN LANE  
TALLAHASSEE, FL 32304 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCKNIGHT, LISA  
Address: 1921 KAREN LANE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP  
Name: MCKNIGHT, KELLEY  
Address: 1921 KAREN LANE  
City-St-Zip: TALLAHASSEE, FL 32304

I hereby 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 all other like empowered.

SIGNATURE: LISA MCKNIGHT

PD

06/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date