

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J83929

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** F.C. MANAGEMENT CORPORATION

**Current Principal Place of Business:**

123 E FRONT STREET  
TRAVERSE CITY, MI 49684 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 189  
TRAVERSE CITY, MI 49685 US

**New Mailing Address:**

**FEI Number:** 59-2823679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, DAVID L  
431 ESTERO BLVD  
FORT MYERS BEACH, FL 33931 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: CD  
Name: KOSTRZEWA, JOSEPH G  
Address: 9746 LONDOLYN BLUFF  
City-St-Zip: TRAVERSE CITY, MI 49686

Title: PD  
Name: GRAY, DAVID L  
Address: 431 ESTERO BLVD.  
City-St-Zip: FORT MYERS BEACH, FL 33931

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: JOSEPH G. KOSTRZEWA

CD

04/10/2012

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

\_\_\_\_\_  
Date