


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90051 024 ***150.00

DOCUMENT # L82822	
1. Entity Name TEAM MANAGEMENT GROUP, INC.	

Principal Place of Business 13860 N CLEVELAND AVE. B NORTH FORT MYERS FL 33903 US	Mailing Address PO BOX 1256 FORT MYERS FL 33901-1256
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0204465		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SUTLIFFE, LEE F. 13860 B N CLEVELAND AVE. NORTH FORT MYERS FL 33903		7. Name and Address of New Registered Agent Name CAROL ZANDLO SUTLIFFE Street Address (P.O. Box Number is Not Acceptable) 13860 B N CLEVELAND AVE City NORTH FORT MYERS FL Zip Code 33903

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  (NOTE: Registered Agent signature required when consisting) **3/19/07** DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST-ZIP	PD ZANDLO-SUTLIFFE, CAROL 13860-B N CLEVELAND AVE. NORTH FORT MYERS FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	ST ZANDLO SUTLIFFE CAROL 13860-B N CLEVELAND AVE NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	VPST SUTLIFFE, LEE F 13860-B N CLEVELAND AVE. NORTH FORT MYERS FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **3/19/07 239-656-0990** DATE DAYTIME PHONE #