

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-01-2008 90189 038 ***150.00

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1. Entity Name
GENERAL PARTNERS MANAGEMENT CORP.



Principal Place of Business

% G. MAX BARNES
441 NE 1 ST
CRYSTAL RIVER, FL 34429 US

Mailing Address

% G. MAX BARNES
PO BOX 490
CRYSTAL RIVER, FL 34423 US

60035987



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2899591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARNES, G. MAX
441 NE 1 ST
CRYSTAL RIVER, FL 34429

**DO NOT WRITE
IN THIS SPACE**

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, 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 D
NAME BARNES, G. MAX
STREET ADDRESS P.O. BOX 2215
CITY-ST-ZIP CRYSTAL RIVER, FL 34423

TITLE D
NAME SANDERS, JAMES T.
STREET ADDRESS 137 DOUGLAS ST.
CITY-ST-ZIP HOMOSASSA, FL

TITLE D
NAME MAUGHAN, NELSON W.
STREET ADDRESS 44 CYPRESS BLVD. W.
CITY-ST-ZIP HOMOSASSA, FL

TITLE D
NAME PONTICOS, STEPHAN E.
STREET ADDRESS 7 BYRSONIMA CT. W.
CITY-ST-ZIP HOMOSASSA, FL

TITLE D
NAME HENIGAR, ROBERT
STREET ADDRESS P.O. BOX 2396
CITY-ST-ZIP CRYSTAL RIVER, FL 34423

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #