2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AN
Secretary of State

	ANNUAL	REPORT		•	Jan	12, 200 / 08:0
1. Entity Name	MENT # M96318 SSET MANAGEMENT COMF	PANY, INC.			S	ecretary of S
Principal Place 7355 S. W. 9 VERO BEACH	TH STREET	Mailing Address 7355 S. W. 9TH STREET VERO BEACH, FL 32968		: - 1/33/43/10/10/10	Bije bijed injer 11801 hali hali	HON OLDNE BYTIN DIGHT BURN BYTINGTY IN YTTI
s b a	John Committee Committee States	Contract Region of	4 10 10 10	01042007	No Chg-P	CR2E034 (11/05)
	O NOT WRITE	IN THIS SPACE	Æ	4. FEI Number 65-0077	-	Applied For Not Applicable
	1			5. Certificate of	f Status Desired	\$8.75 Additional Fee Required
~ 670 HWY	6. Name and Address of Current R WILLIAM J. A1A	egistered Agent			NOT WI	4
signature.	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent ar E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	od title if applicable. (NOTE: Registered 9. Election Campaign Finance	Agent signature required		, m as 3.2.0 3 1 13	DATE
10.	OFFICERS AND D	DIRECTORS	E a least			The state of the s
NAME STREET ADDRESS CITY-ST-ZIP TITLE	P GORDON, WILLIAM J. 670 HWY A1A VERO BEACH, FL					195432 195432 196432 196432 196432
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	C (15 (8) 6					10012 012 139-13 ,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		and the state of t	and the second	Despetation and a	Beginn the State of the State o
TITLE	I		,	h i	4.	

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gordon

107 772-770-00x

Daytime Phone #