

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90317 028 ***150.00

DOCUMENT # P00000007264

1. Entity Name
MICRO MANAGEMENT SYSTEMS, INC.



Principal Place of Business
4533 SUNBEAM ROAD
106
JACKSONVILLE, FL 32257

Mailing Address
12847 SWAMP OWL LANE
JACKSONVILLE, FL 32258-2180

50037273



2. Principal Place of Business
1510 SILVER OAK LANE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04142005 Chg-P CR2E034 (10/03)

City & State
JACKSONVILLE
FL

City & State
Zip
Country
DUVAL

4. FEI Number
59-3627121

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILFORD, CHARLES P JR.
3511 TRIDENT COURT
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name
THOMAS J SADLER JR
Street Address (P.O. Box Number is Not Acceptable)
12847 SWAMP OWL LANE
City
JACKSONVILLE FL Zip Code
32258

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
Thomas J Sadler Jr

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
4-14-5

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MACMANUS, THOMAS R
1510 SILVER OAK LANE
JACKSONVILLE, FL 32223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MACMANUS, MARGARET S
1510 SILVER OAK LANE
JACKSONVILLE, FL 32223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SADLER, THOMAS J JR
12847 SWAMP OWL LANE
JACKSONVILLE, FL 32258 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas J Sadler Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4-14-5 904268538
Daytime Phone #

THOMAS J SADLER JR