


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000019862 1. Entity Name FLORIDA MANAGEMENT SOLUTIONS INC.	
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Principal Place of Business 23328 NE 35TH AVE MELROSE, FL 32666	Mailing Address P.O. BOX 1970 MELROSE, FL 32666
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01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0984651	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WAITE, BRUCE C 23328 NE 35TH AVE. MELROSE, FL 32666
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAITE, BRUCE 23328 NE 35TH AVE. MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAITE, GWEN 23328 NE 35TH AVE. MELROSE, FL 32666
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Gwen Waite 1/3/06 352-955-6445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #