


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90063 007 ***150.00

DOCUMENT # P00000024148 1. Entity Name TOWARD EFFECTIVE MANAGEMENT, INC.	
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Principal Place of Business 8301 MARIE LANE ELLENTON, FL 34222	Mailing Address 8301 MARIE LANE ELLENTON, FL 34222
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40111423



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3354321	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARTMELL, DONALD 8301 MARIE LN ELLENTON, FL 34222
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**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 \$550.00
Due by September 12, 2008**

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	P CARTMELL, DONALD V 8301 MARIE LN ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARMELL, NELL 8301 MARIE LN ELLENTON, FL 34222
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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 #