

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000045446

1. Entity Name
ALACHUA MANAGEMENT COMPANY



Principal Place of Business
**14420 NW 151ST BLVD.
ALACHUA, FL 32615**

Mailing Address
**13505 NW 88TH PL
ALACHUA, FL 32615**



01202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3658847

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TOMPKINS, DARRYL J
14420 NW 151ST BLVD.
ALACHUA, FL 32615**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	SHAW, JAMES W
STREET ADDRESS	13505 NW 88TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32615
TITLE	SD
NAME	TOMPKINS, DARRYL J
STREET ADDRESS	14420 NW 151ST BLVD.
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	DT
NAME	HAWLEY, PHILLIP L
STREET ADDRESS	300 SOUTHWEST 143RD STREET
CITY-ST-ZIP	JONESVILLE, FL 32669
TITLE	D
NAME	WIGGINS, J. ARDENE
STREET ADDRESS	P.O. BOX 1857
CITY-ST-ZIP	ALACHUA, FL 32616
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-80003-018 150.00

**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 line empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W Shaw Date

Daytime Phone #

352-665-8570