

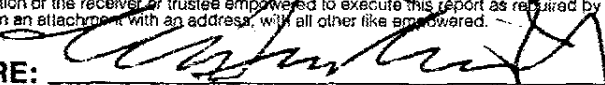


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000099996				
1. Entity Name C.L.D. MANAGEMENT, INC.				
Principal Place of Business 101 N.E. 16TH AVENUE OCALA, FL 34470		Mailing Address 101 N.E. 16TH AVENUE OCALA, FL 34470		
DO NOT WRITE IN THIS SPACE				
			01142004 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			4. FEI Number 65-1051742	Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DINKINS, C.L. JR. 101 N.E. 16TH AVENUE OCALA, FL 34470			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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			DO NOT WRITE IN THIS SPACE 000000006396 01/16/04-80033-009 150.00	
TITLE	D			
NAME	DINKINS, C.L. JR.			
STREET ADDRESS	101 N.E. 16TH AVENUE			
CITY-ST-ZIP	OCALA, FL 34470			
TITLE				
NAME				
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NAME				
STREET ADDRESS				
CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: 			1/14/04 852-732-4464	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #	