


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000022457</b>	
1. Entity Name <b>SOVERIGN MANAGEMENT, INC.</b>	

Principal Place of Business <b>12060 N.W. 10TH STREET CORAL SPRINGS, FL 33020</b>	Mailing Address <b>12060 N.W. 10TH STREET CORAL SPRINGS, FL 33020</b>
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**DO NOT WRITE IN THIS SPACE**



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1085576</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GRADY, JAMES  
12060 N.W. 10TH STREET  
CORAL SPRINGS, FL 33020**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	<b>D GRADY, JAMES 12060 N.W. 10TH STREET CORAL SPRINGS, FL 33020</b>
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02/06/04-80061-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **1-20-04** **954 5751984**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JAMES GRADY** Date Daytime Phone #