

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 08:00 A
Secretary of State

DOCUMENT # P01000033088

1. Entity Name
EL MATADOR MANAGEMENT CO.



Principal Place of Business
909 SANTA ROSA BLVD.
FT. WALTON BCH, FL 32548

Mailing Address
909 SANTA ROSA BLVD.
FT. WALTON BCH, FL 32548



08022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3718518

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERRING, JOHN J JR.
909 SANTA ROSA BLVD.
FT. WALTON BCH, FL 32548

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOVE, ELIZABETH
STREET ADDRESS	1658 KNOLLWOOD WAY
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	T
NAME	HERRING, JOHN J JR
STREET ADDRESS	909 SANTA ROSA BLVD #231
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	S
NAME	JOHNSON, BARBARA
STREET ADDRESS	909 SANTA ROSA BLVD #160
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	D
NAME	MORRIS, H IRVIN
STREET ADDRESS	200 PINECREST
CITY-ST-ZIP	PARAGOULD, AR 72450
TITLE	D
NAME	JOHN, DROSDECK
STREET ADDRESS	909 SANTA ROSA BLVD. APT. 437
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000574824

08/21/06-80003-014 150.00

**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 like empowered.

SIGNATURE: Elizabeth Love

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone