

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083177

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: LODI MANAGEMENT COMPANY

## Current Principal Place of Business:

3829 NE 17TH ST. CIR.  
OCALA, FL 34470

## New Principal Place of Business:

3935 N.E. 20TH ST.  
OCALA, FL 34470

## Current Mailing Address:

3829 NE 17TH ST. CIR.  
OCALA, FL 34470

## New Mailing Address:

3935 N.E. 20TH ST.  
OCALA, FL 34470

FEI Number: 59-3746798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVISON, LODELL  
3829 NE 17TH ST. CIR.  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

DAVISON, LODELL  
3935 N.E. 20TH ST.  
OCALA, FL 34470 US

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.

SIGNATURE: LODELL DAVISON

04/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: DAVISON, LODELL  
Address: 3829 NE 17TH ST. CIR.  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete  
Name: DAVISON, LODELL  
Address: 3829 NE 17TH ST. CIR.  
City-St-Zip: OCALA, FL 34470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: DAVISON, LODELL  
Address: 3935 N.E. 20TH ST.  
City-St-Zip: OCALA, FL 34470

Title: D (X) Change ( ) Addition  
Name: DAVISON, LODELL  
Address: 3935 N.E. 20TH ST.  
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LODELL DAVISON

PRES

04/13/2007

Electronic Signature of Signing Officer or Director

Date