

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90242 030 ***150.00

DOCUMENT # P02000018750

1. Entity Name
FIVE PARTNERS MANAGEMENT, INC.



Principal Place of Business
**313 65TH TRAIL NORTH
W. PALM BCH, FL 33413**

Mailing Address
**313 65TH TRAIL NORTH
W. PALM BCH, FL 33413**

54030338



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0597079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOGAN, MURRAY D
313 65TH TRAIL NORTH
W. PALM BCH, FL 33413**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOGAN, MURRAY D
STREET ADDRESS	313 65TH TRAIL NORTH
CITY-ST-ZIP	W. PALM BCH, FL 33413
TITLE	D
NAME	VOGEL, CLARENCE A
STREET ADDRESS	313 65TH TRAIL NORTH
CITY-ST-ZIP	W. PALM BCH, FL 33413
TITLE	D
NAME	O'LEARY, EDWARD F
STREET ADDRESS	313 65TH TRAIL NORTH
CITY-ST-ZIP	W. PALM BCH, FL 33413
TITLE	D
NAME	LOGAN, DAVID A
STREET ADDRESS	313 65TH TRAIL NORTH
CITY-ST-ZIP	W. PALM BCH, FL 33413
TITLE	D
NAME	LOGAN, ANDREW W SR.
STREET ADDRESS	313 65TH TRAIL NORTH
CITY-ST-ZIP	W. PALM BCH, FL 33413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04
Date

561-686-3948
Daytime Phone #