


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90076 029 ***150.00

DOCUMENT # P02000045458

1. Entity Name
BACKUS MANAGEMENT, INC.



Principal Place of Business Mailing Address

6347 N.E. MASTERS AVE. **6347 N.E. MASTERS AVE.**
ARCADIA, FL 34266 **ARCADIA, FL 34266**

2. Principal Place of Business 3. Mailing Address

902 N. MAPLE ST **902 N. MAPLE ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State


ADAMSVILLE TN **ADAMSVILLE, TN**

Zip Country Zip Country

38310 **U.S.A.** **38310** **U.S.A.**

JUVAN, J

50025470



08122006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

02-0590963 Not Applicable

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

6. Name and Address of Current Registered Agent

BACKUS, MATTHEW J
6347 N.E. MASTERS AVE.
ARCADIA, FL 34266

7. Name and Address of New Registered Agent

Name **C.R. COOPER, CPA, PA**

Street Address (P.O. Box Number is Not Acceptable)

1495 FOREST HILL BLVD SUITE B

City **WEST PALM BEACH FL** Zip Code **33406**

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 **MATTHEW J. BACKUS** P. *[Signature]* DATE **8-14-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	<input type="checkbox"/> Delete
NAME	BACKUS, MATTHEW J	
STREET ADDRESS	6347 N.E. MASTERS AVE.	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* Date **8-14-06** Daytime Phone # **731-632-3276**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR