


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**

JUVAN, J

50025470



08122006 Chg-P CR2E034 (11/05)

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.**

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** *[Signature]* **8-14-06**
 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 NAME STREET ADDRESS CITY-ST-ZIP	P BACKUS, MATTHEW J 6347 N.E. MASTERS AVE. ARCADIA, FL 34266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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]* **8-14-06** **731-632-3276**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #