


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90082 002 ***150.00

DOCUMENT # P02000075725 1. Entity Name PEARSON MANAGEMENT, INC.					
Principal Place of Business 16120 N NEBRASKA AVE LUTZ, FL 33549			Mailing Address 16120 N NEBRASKA AVE LUTZ, FL 33549		
2. Principal Place of Business - No P.O. Box # 18014 Crooked Lane Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State LUTZ FL		City & State		4. FEI Number 43-1967100	
Zip 33548		Country HILLS.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEARSON, SARAH H 16120 N NEBRASKA AVE LUTZ, FL 33549				7. Name and Address of New Registered Agent Name R. Vance Pearson Street Address (P.O. Box Number is Not Acceptable) 18014 Crooked Lane City LUTZ FL Zip Code 33548	
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 <u>R. Vance Pearson</u> <u>R. Vance Pearson 4/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PEARSON, R VANCE 16120 N NEBRASKA AVE LUTZ, FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pearson, R. Vance 33548 18014 Crooked Lane LUTZ FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PEARSON, SARAH H 16120 N NEBRASKA AVE LUTZ, FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pearson, Sarah 15423 Lakeshore Villa St #37		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PEARSON, JOHN F 1001 STARDUST LANE LUTZ, FL 33549	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"/> Delete	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"/> Delete	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: <u>Sarah H. Pearson</u> <u>Sarah H. Pearson</u> <u>4/28/07</u> <u>(813) 963-1380</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					