


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90028 010 \*\*\*150.00

<b>DOCUMENT # P02000094254</b> 1. Entity Name <b>TEN BROECK MANAGEMENT, INC.</b>					
Principal Place of Business <b>603 MAIN ST WINDERMERE, FL 34786</b>			Mailing Address <b>P O BOX 1100 WINDERMERE, FL 34786</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>11-3660099</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARKMAN, KEVIN 603 MAIN ST WINDERMERE, FL 34786</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCAS DIZNEY, DONALD R <input type="checkbox"/> Delete 603 MAIN STREET WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC ENGLISH, JAMES E <input type="checkbox"/> Delete 603 MAIN STREET WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donald R. Dizney 603 Main Street, Windermere, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIZNEY, DAVID A <input type="checkbox"/> Delete 603 MAIN STREET WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David A. Dizney 603 Main Street, Windermere, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BARKMAN, KEVIN <input type="checkbox"/> Delete 603 MAIN STREET WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kevin Barkman 603 Main Street, Windermere, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete FEHR, STEPHEN 603 MAIN STREET WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete DELEHUNT, JANINIE 603 MAIN STREET WINDERMERE, FL 34786		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 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: <u><i>Kevin Barkman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/26/05 407-876-2200 <small>Date Daytime Phone #</small>		