2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # P02000108015 1. Entity Name-AEGIS MGT., INC. Mailing Address Principal Place of Business 200 EXECUTIVE WAY P. O. BOX 2055 PONTE VEDRA FL 32004 SUITE 111 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 74-3064546 Not Applicable ΖĪΡ Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EWING, JOHN T 200 EXECUTIVE WAY Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA BEACH FL 32082 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 Signature, typed or printed harne of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition ☐ Delete TITLE TITLE EWING, JOHN T NAME NAME Uninnans397 04/15/05-80011-008 **150.00** STREET ADDRESS STREET ADDRESS 200 EXECUTIVE WAY \$-111 PONTE VEDRA BEACH FL 32082 CITY - ST - ZIP CITY-ST-ZIP [] Change ☐ Addition Defete TITLE EWING, JANE NAME 200 EXECUTIVE WAY \$-111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-7IP ☐ Change ☐ Addition m Defete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST ZIP CITY-ST-ZIP ☐ Change Delete जार Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-7P CITY-ST-ZIP Change ☐ Addition ☐ Delete TOTALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition Delete TITLE THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), 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.

JOHNT, EWING

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE:

FILED

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