

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90049 026 ***150.00

DOCUMENT # P02000127976					
1. Entity Name ISAAC F. AND JUANITA S. ALBRITTON MANAGEMENT, INC.					
Principal Place of Business NO. 3 ALBRITTON ROAD ALTURAS, FL 33820			Mailing Address P.O BOX 222 ALTURAS, FL 33820		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3736757	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBRITTON, DALE E NO. 3 ALBRITTON ROAD ALTURAS, FL 33820			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBRITTON, DALE E NO. 3 ALBRITTON ROAD ALTURAS, FL 33820	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBRITTON, NICHOLAS F NO. 3 ALBRITTON ROAD ALTURAS, FL 33820	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMOTHERS, SABRENA A 1129 COLONY ARMS DRIVE LAKE LAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACK, CHRISTENA A 11158 CRESCENT BAY BOULEVARD CLERMONT, FL 34711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGINNIS, LAURA A 3461 BLACKJACK COURT LAKE WALES, FL 33853	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBRITTON, JERRERSON D NO. 3 ALBRITTON ROAD ALTURAS, FL 33820	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <input checked="" 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	Secretary <input checked="" 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: <i>Nicholas F Albritton</i>		4/6/07 863-537-1343			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					