## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **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

**FILED** May 08, 2008 08:00 AN Secretary of State



## DO NOT WRITE IN THIS SPACE

04292008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 04-3736757 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBRITTON, DALE E NO. 3 ALBRITTON ROAD ALTURAS, FL 33820

## DO NOT WRITE IN THIS SPACE

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBRITTON, DALE E NO. 3 ALBRITTON ROAD ALTURAS, FL 33820			V00000950131 06/03/08-80057-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALBRITTON, NICHOLAS F NO. 3 ALBRITTON ROAD ALTURAS, FL 33820				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMOTHERS, SABRENA A 1129 COLONY ARMS DRIVE LAKELAND, FL 33813			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, CHRISTENA A 11158 CRESCENT BAY BOULEVARD CLERMONT, FL 34711		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGINNIS, LAURA A 3461 BLACKJACK COURT LAKE WALES, FL 33853				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBRITTON, JERRERSON D NO. 3 ALBRITTON ROAD ALTURAS, FL 33820				, , , , , , , , , , , , , , , , , , , ,

12. Thereby certify that the information supplied with this filling 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: