



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P02000135535 1. Entity Name C.V.S. MANAGEMENT, INC.	
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Principal Place of Business 1521 - 67TH STREET COURT E. BRADENTON, FL 34208	Mailing Address PMB #214 4949 STATE ROUTE 64 E. BRADENTON, FL 34208
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DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4232906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SADORF, RICK WESQ
2201 NORTHEAST COACHMAN RD.
SUITE 102
CLEARWATER, FL 33765**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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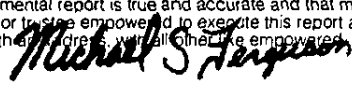
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPS FERGUSON, MICHAEL S 1521 - 67TH STREET COURT E. BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OVPT FERGUSON, DELINDA 1521 - 67TH STREET COURT E. BRADENTON, FL 34208
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IN THIS SPACE**

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 this address, with all other like empowerments.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____