

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90034 044 ***150.00

DOCUMENT # P03000007861

1. Entity Name
D.B.M. MANAGEMENT COMPANY, INC.



40101066



Principal Place of Business
340 ROYAL POINCIANA WAY
SUITE 321
PALM BEACH, FL 33480 US

Mailing Address
340 ROYAL POINCIANA WAY
SUITE 321
PALM BEACH, FL 33480 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

4/6
Neal W. Knight, Jr. P.A.
840 U. S. Highway One, #100
North Palm Beach, FL 33408

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Neal W. Knight, Jr. P.A.
840 U. S. Highway One, #100
North Palm Beach, FL 33408

01182008 Chg-P CR2E034 (12/06)

FEI Number
90-0101965

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent
Neal W. Knight, Jr. P.A.
840 U. S. Highway One, #100
North Palm Beach, FL 33408

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCELROY, JOHN L 136 NORTH ADAMS STREET HINSDALE, IL 60521	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LEBOUTILLIER, JOHN PO BOX 230 OLD WESTBURY, NY 11568	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/6/08 Daytime Phone # _____

ATTACHMENT

40101066

May 7, 2008

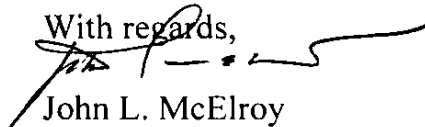
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: DBM Management Co., Inc
Document # P03000007861
McElroy Management Co.,
Document # P030000013766

Gentlemen:

As regards the captioned Corporations, please be advised that the documents prepared by my Law Firm were incorrectly mailed to my residence instead of my business. As I was out of town till after the due date of May 1st, I ask that the additional levy be waived.

With regards,


John L. McElroy
General Partner