

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90281 027 \*\*\*150.00

**DOCUMENT # P03000018482**



1. Entity Name  
**HM MANAGEMENT INC.**

Principal Place of Business  
**PO BOX 1172, 4811 BUTTERNUT AVE.  
BUNNELL, FL 32110**

Mailing Address  
**PO BOX 1172, 4811 BUTTERNUT AVE.  
BUNNELL, FL 32110**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number

**65-1183977**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KINELL, WILLIAM  
4811 BUTTERNUT AVE.  
BUNNELL, FL 32110**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KINELL, WILLIAM</b>	
STREET ADDRESS	<b>PO BOX 1172, 4811 BUTTERNUT AVE.</b>	
CITY-ST-ZIP	<b>BUNNELL, FL 32110</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KINELL, ALICE</b>	
STREET ADDRESS	<b>PO BOX 1172, 4811 BUTTERNUT AVE.</b>	
CITY-ST-ZIP	<b>BUNNELL, FL 32110</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KINELL, MISHA</b>	
STREET ADDRESS	<b>PO BOX 1172, 4811 BUTTERNUT AVE.</b>	
CITY-ST-ZIP	<b>BUNNELL, FL 32110</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*William Kinell*

**4/27/04 386-437-5888**