2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000018482

1. Entity Name
HM MANAGEMENT INC.

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

05192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KINELL, WILLIAM
STREET ADDRESS	PO BOX 1172, 4811 BUTTERNUT AVE.
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	D
NAME	KINELL, ALICE
STREET ADDRESS	PO BOX 1172, 4811 BUTTERNUT AVE.
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	D
NAME	KINELL, MISHA
STREET ADDRESS	PO BOX 1172, 4811 BUTTERNUT AVE.
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000565877
05/23/06-80002-015 150.00

DO NOT WRITE 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 an address, with all other like empowered.

SIGNATURE: William Kinell William Kinell 5/19/06 386-503-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #