

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026586

FILED
Apr 16, 2008
Secretary of State

Entity Name: STATEWIDE MANAGEMENT INC.

Current Principal Place of Business:

1220 PROSPECT AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1220 PROSPECT AVE.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLMES, DWAYNE
147 BAMBOO AVE. SE
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLMES, DWAYNE
Address: 147 BAMBOO AVE.
City-St-Zip: PALM BAY, FL 32909

Title: V () Delete
Name: HOLMES, DESIREE
Address: 147 BAMBOO AVE.
City-St-Zip: PALM BAY, FL 32909

Title: V (X) Delete
Name: ASHLEY, SHERYL A
Address: 1806 E. 93RD ST.
City-St-Zip: BROOKLYN, NY 11236

Title: V (X) Delete
Name: ASHLEY, ROGER F
Address: 1806 E. 93RD ST.
City-St-Zip: BROOKLYN, NY 11236

Title: CEO () Delete
Name: MARTIN, BENJAMIN
Address: 350 NEW LOTS AVENUE
City-St-Zip: BROOKLYN, NY 11207

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MARTIN, BENJAMIN
Address: 350 NEW LOTS AVENUE
City-St-Zip: BROOKLYN, NY 11207

Title: CEO () Change (X) Addition
Name: SHAKEIRA, MCMILLER
Address: 1 BRIDGE PLAZA
City-St-Zip: FORT LEE, NJ 07024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWAYNE HOLMES

P

04/16/2008

Electronic Signature of Signing Officer or Director

Date