2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2005 08:00 AM Secretary of State

813-875-6324 Day(frie Phone #

ANIONE INI VIL				_	C =		14-4
1. Entity Nam	MENT # P030000512 NAGEMENT, INC.	37	Secretary of S				
Principal Place of Business Mailing Address 3333 W. KENNEDY BLVD., STE. 206 3333 W. KENNEDY BLVD., STI TAMPA, FL 33609 TAMPA, FL 33609			E. 206		1		
					 ! 11 11 1 1 1 1 1 1 1 1 1 1	1 50 106 61101 (4060 1100 4111 4111 411	
				01042005	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numbe		Applied	d For
				20-002	2802	\$9.75 Addition	plicable
				5. Certificate	of Status Desired	Fee Required	
	6. Name and Address of Current Re	gistered Agent		, _			
CURTIS, ROBERT T 3333 W. KENNEDY BLVD., STE. 206			DO NOT WRITE				
	L 33609			IN	THIS SP	ACE	
			Ì				
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 ANOTE Registers	ad Agent signature requir	ed when reinstaling)	1	DATE	_
	Signature, types or printed realists or regulation against an						
FIL After M	E NOW!!! FEE 18 \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.	noing \$	5.00 May Be ided to Fees		N216135	-
10.	OFFICERS AND DI	RECTORS		· ·		-80036-015 150	زازا ۽
TITLE NAME	CURTIS, ROBERT T						
STREET ADDRESS CITY-ST-ZIP	333 W KENNEDY BLVD STE 206 TAMPA, FL 33609						
TITLE			1				
NAME STREET ADDRESS							
CLTY-ST-ZIP			i				
TITLE NAME		·			<u> </u>		
STREET ADDRESS CITY+ST-ZIP			J	DO	NOT W	RITE	
TITLE	<u> </u>	-	<u></u>		THIS SF		
NAME STREET ADDRESS	<u> </u>		ľ	11.4		AUL	
CITY-ST-ZIP]				
TITLE NAME		,		*****		•	-
STREET ADDRESS			ĺ				
CITY-ST-ZIP			<u> </u>		<u></u>		
NAME			1		_		
STREET ADDRESS CITY-ST-ZIP							
	Learlify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower, or on an attachment with an address, with	is filing does not qualify for the exe ue and accurate and that my signa ered to execute this report as requ	emption stated in Sature shall have the tred by Chapter 6	Section 119.07(3) e same legal effec 07, Florida Statute	(i), Florida Statutes. ct as if made under ces; and that my name	further certify that the informath; that I am an officer or deappears in Block 10 or Blo	nation lirector ck 11 if
changed	, or on an attachment with an address, wit	other like empowered.					

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE