2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000078172

1. Entity Name
KIJOMO MANAGEMENT, INC.

Principal Place of Business	Mailing Address
ONE BEACH DRIVE SE APT 2705 ST PETERSBURG, FL 33701	ONE BEACH DRIVE SE APT 2705 ST PETERSBURG, FL 33701

01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0746396
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAVAGE, NEIL W
ONE BEACH DRIVE SE APT 2705
ST PETERSBURG, FL 33701

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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, 2006 Fee will be $550.00

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

100000405783
02/07/06-80054-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAVAGE, NEIL W
STREET ADDRESS	ONE BEACH DRIVE SE APT 2705
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	D
NAME	MOENCH, CHRISTOPHER S
STREET ADDRESS	1101 SNELL ISLE BLVD NE 705
CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE	D
NAME	SAVAGE, JOHN W
STREET ADDRESS	435 RAFAEL BLVD NE
CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE	D
NAME	SAVAGE, MORGAN W
STREET ADDRESS	235 MATEO WAY NE
CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Morgan Savage MORGAN SAVAGE 1/23/06 (813)495-84
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #