# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2012**
**Secretary of State**

DOCUMENT# P03000129881

**Entity Name:** FEDERATED MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

7855 ARGYLE FOREST BLVD
SUITE 401
JACKSONVILLE, FL 32244 US

**New Principal Place of Business:**

**Current Mailing Address:**

7855 ARGYLE FOREST BLVD
SUITE 401
JACKSONVILLE, FL 32244 US

**New Mailing Address:**

**FEI Number: 20-0383756** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, WILLIAM K
7855 ARGYLE FOREST BLVD
401
JACKSONVILLE, FL 32244 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

**OFFICERS AND DIRECTORS:**

Title: PST
Name: JONES, WILLIAM K
Address: 2324 PINE ISLAND CT.
City-St-Zip: JACKSONVILLE, FL 32224

Title: D
Name: JONES, ROBIN B
Address: 2324 PINE ISLAND CT.
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM K JONES PST 04/11/2012

Electronic Signature of Signing Officer or Director Date