## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P03000150145**

1. Entity Name

PAGÉ MANAGEMENT CO., INC.



FILED
May 03, 2007 08:00 AM
Secretary of State

Principal Place of Business

12730 NEW BRITTANY BLVD STE 303

FORT MYERS, FL 33907

Mailing Address

12730 NEW BRITTANY BLVD STE 303

FORT MYERS, FL 33907



05012007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0657186

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, BRUCE D 1520 ROYAL PALM SQUARE BLVD STE 320 FORT MYERS, FL 33919

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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. 1 am familiar with, and accept the obligations of registered agent.					
SIGNATURE				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, STEPHEN L 12730 NEW BRITTANY BLVD, STE 303 FORT MYERS, FL 33907				U00000760350 05/25/07-80007-021 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

TITLE
NAME
STREET ADDRESS

SIGNATURE AN

U E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

51.107

239-415.3601

Daytime Phone #