2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018638

Entity Name: PHC MANAGEMENT COMPANY

SCHNEIDER, ROBERT R

3021 FAIR OAKS AVENUE

TAMPA, FL 33611 US

Name:

Address:

City-St-Zip:

FILED Feb 05, 2008 Secretary of State

		TV CEMENT COM AND			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RTH 46TH ST L 336177650				
Current Mailing Address:			New Mailing Address:		
	RTH 46TH ST L 336177650				
FEI Number	: 84-1634680	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
HALLUSKA, THOMAS R 7850 STONELEIGH DRIVE LAND O' LAKES, FL 346377650 US			2125 PARK CRESCE	HALLUSKA, THOMAS R 2125 PARK CRESCENT DRIVE LAND O' LAKES, FL 346395469 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:			02/05/2008	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HALLUSKA, TH 7850 STONEL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BAKER, JEFF 28 LONGCREI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (EUKOVICH, Ro 2710 WEDGE PLANT CITY, F	WOOD DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS R. HALLUSKA CFO 02/05/2008