

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90422 006 \*\*\*150.00

DOCUMENT # P04000025419

1. Entity Name  
CGM MANAGEMENT, INC.



Principal Place of Business  
525 S FLAGLER DR SUITE 200  
WEST PALM BEACH, FL 33401 US

Mailing Address  
525 S FLAGLER DR SUITE 200  
WEST PALM BEACH, FL 33401 US

400000177



2. Principal Place of Business - No P.O. Box #  
**1016 Clearwater Place**  
Suite, Apt. #, etc.  
**96 Joel P. Koepfel**  
City & State  
**W. Palm Beach, FL**  
Zip  
**33401** Country  
**USA**

3. Mailing Address  
**1016 Clearwater Place**  
Suite, Apt. #, etc.  
**96 Joel P. Koepfel**  
City & State  
**W. Palm Beach, FL**  
Zip  
**33401** Country  
**USA**

01312007 Chg-P CR2E034 (12/06)

4. FEI Number  
06-1717061  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KOEPEL, JOEL P  
525 SOUTH FLAGLER DRIVE  
200  
WEST PALM BEACH, FL 33401

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1016 Clearwater Place**  
City  
**West Palm Beach** FL Zip Code  
**33401**

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 *Joel P. Koepfel* **JOEL P. KOEPFEL** **2/7/07**  
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, 2007 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**MORRISON, CARLOS G** ☐ Delete  
**222 LAKEVIEW AVENUE, PH #5**  
**WEST PALM BEACH, FL 33401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V President** ☐ Change ☒ Addition  
**Thomas Morrison**  
**222 Lakeview Ave PH5**  
**West Palm Beach, FL 33401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Carlos G. Morrison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #