

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027615

FILED
Apr 17, 2009
Secretary of State

Entity Name: MENZIES MANAGEMENT COMPANY

Current Principal Place of Business:

3049 CLEVELAND AVE.
232
FORT MYERS, FL 33901

New Principal Place of Business:

12660 METRO PKWY.
FORT MYERS, FL 33966

Current Mailing Address:

3049 CLEVELAND AVE.
232
FORT MYERS, FL 33901

New Mailing Address:

12660 METRO PKWY.
FORT MYERS, FL 33966

FEI Number: 37-1485488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDRON, TOM D ESQUIRE
112 W NEW HAVEN AVE
MELBOURNE, FL 32901 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MENZIES, DAVID C
Address: 7702 BLAIR ROAD #B4
City-St-Zip: TAKOMA PARK, MD 20912

Title: CFO () Delete
Name: MENZIES, DONALD P
Address: 5527 SHADDELEE LN W
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DONALD P. MENZIES

CFO

04/17/2009

Electronic Signature of Signing Officer or Director

Date