

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90092 043 \*\*\*150.00

<b>DOCUMENT # P04000028097</b> 1. Entity Name <b>FLORIDA F. B. MANAGEMENT, INC.</b>			
Principal Place of Business <b>2025 HARBOUR WATCH CIRCLE</b> <b>TARPON SPRINGS, FL 34689 US</b>		Mailing Address <b>2025 HARBOUR WATCH CIRCLE</b> <b>TARPON SPRINGS, FL 34689 US</b>	
2. Principal Place of Business <b>500 E. Tarpon Ave</b> Suite, Apt. #, etc. <b>Suite 1</b> City & State <b>Tarpon Springs FL</b> Zip <b>34689</b> Country <b>USA</b>		3. Mailing Address <b>500 E Tarpon Ave</b> Suite, Apt. #, etc. <b>Suite #1</b> City & State <b>Tarpon Springs FL</b> Zip <b>34689</b> Country <b>USA</b>	
4. FEI Number <b>20-0726726</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RAY, PEACOCK-ESQ.</b> <b>2348 SUNSET POINT RD.</b> <b>STE E</b> <b>CLEARWATER, FL 33765</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PETERSON, JAMES A</b> <b>2025 HARBOUR WATCH CIRCLE</b> <b>TARPON SPRINGS, FL 34689</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PETERSON, LORRAINE C</b> <b>2025 HARBOUR WATCH CIRCLE</b> <b>TARPON SPRINGS, FL 34689</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>2-28-2005</b> Daytime Phone # _____	

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