2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90019 050 ***150.00

DOCUMENT # P04000052933

1. Entity Name
ALADDIN MGMT., INC.

Principal Place of Business
8219 US HWY 98 N.
LAKELAND FL 33809

Mailing Address
P.O. BOX 773
KATHLEEN FL 33849

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

4. FEI Number 20-0910304 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
JENKINS, LARRY E
8219 US HWY 98 N.
LAKELAND FL 33809

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	JENKINS, LARRY E	
STREET ADDRESS	8219 US HWY 98 N.	
CITY-ST-ZIP	LAKELAND FL 33809	

TITLE	Sec-Treas.	☐ Delete
NAME	Debra Lynn Jenkins	
STREET ADDRESS	913 Fountainview North	
CITY-ST-ZIP	Lakeland FL 33809	

TITLE	V.P.	☐ Delete
NAME	Carolyn S. Redman	
STREET ADDRESS	8219 U.S. Hwy 98 N.	
CITY-ST-ZIP	Lakeland FL 33809	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	Sec. Treas.	☐ Change ☐ Addition
NAME	Debra Lynn Jenkins	
STREET ADDRESS	913 Fountainview North	
CITY-ST-ZIP	Lakeland FL 33809	

TITLE	V.P.	☐ Change ☐ Addition
NAME	Carolyn S. Redman	
STREET ADDRESS	8219 U.S. Hwy 98 N	
CITY-ST-ZIP	Lakeland FL 33809	

TITLE	Director	☐ Change ☐ Addition
NAME	Beverly White	
STREET ADDRESS	8219 U.S. Hwy 98 N	
CITY-ST-ZIP	Lakeland FL 33809	

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

TITLE		☐ Change ☐ Addition
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 Section 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: _____ 4/4/08 863-698-9675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #