

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000148311

1. Entity Name  
BDL MANAGEMENT, INC.



**FILED  
May 04, 2007 08:00 A  
Secretary of State**

Principal Place of Business  
1294 N CIRCLE DR.  
CRYSTAL RIVER, FL 34429

Mailing Address  
1294 N CIRCLE DR.  
CRYSTAL RIVER, FL 34429



**DO NOT WRITE IN THIS SPACE**

05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1835551	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEE, DIANE J  
1294 N CIRCLE DR.  
CRYSTAL RIVER, FL 34429

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE P/S  
NAME LEE, DIANE J P/S/D  
STREET ADDRESS 1294 N CIRCLE DR  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE VP/T  
NAME LEE, BRAD J VP/T/D  
STREET ADDRESS 4368 NELSON AVE.  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000761362  
05/25/07-80052-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Diann Lee, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07 352-795-1364  
Date Daytime Phone #