

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

142

DOCUMENT # P05000131773	
1. Entity Name AGE MANAGEMENT, INC.	



FILED

07 APR -2 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1080 E INDIANTOWN RD 104 JUPITER, FL 33477	Mailing Address 1080 E INDIANTOWN RD 104 JUPITER, FL 33477
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

63302007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3551114	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HESSEE, KEVIN 706 XANADU PLACE JUPITER, FL 33477	
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7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301	
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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 <i>Carina L. Dunlap</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4/2/07 Carina L. Dunlap Asst. Vice President

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D HESSEE, KEVIN 706 XANADU PLACE JUPITER, FL 33477 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200095479592
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STEPHANOS, WILLIAM B 19542 HARBOR RD TEQUESTA, FL 33469 <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	<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	<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	<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	<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 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: <i>Kevin Hesse</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/30/07 561-310-0450 Date Daytime Phone #
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 831189 10463A

AUTHORIZATION

COST LIMIT : \$ 61.25

ORDER DATE : April 2, 2007

ORDER TIME : 10:22 AM

ORDER NO. : 831189-005

CUSTOMER NO: 10463A

CHANGE OF AGENT

NAME: AGE MANAGEMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER: _____

RECEIVED
07 APR -2 AM 10:47
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA