

FILED
Aug 21, 2007 8:00 am
Secretary of State

07-13-2007 90088 016 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000154032			
1. Entity Name LONGDOWN MANAGEMENT, INC.			
Principal Place of Business PO BOX 1440 LAND O'LAKES, FL 34639		Mailing Address PO BOX 1440 LAND O'LAKES, FL 34639	
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
07022007		Chg-P	CR2E034 (12/06)
4. FEI Number 02-0484547		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCDONALD, MJ 40004 CYPRRESS SHADOW AVE TAMPA, FL 33647		7. Name and Address of New Registered Agent Name M. J. McDONALD Street Address (P.O. Box Number is Not Acceptable) 2038 SIFIELD GREENS WAY City SUN CITY CENTER FL Zip Code 33573	
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 <u>M. J. McDonald</u> DATE <u>8/15/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DAVID, RAYMOND 11901 PASCO TRAILS BLVD BROOKSVILLE, FL 34610 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DAVID, DOROTHY 11901 PASCO TRAILS BLVD BROOKSVILLE, FL 34610 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Raymond W. David		07/11/07 813-995-2804 Daytime Phone	