


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

7/26/2007-90031-002-\$150.00-\$150.00

FILED

2007 OCT -9 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P06000011293</b>			
1. Entity Name TERENCE KORNEGAY MANAGEMENT GROUP, INC.			
Principal Place of Business 801 CAMPELLO ST. ALTAMONTE SPRINGS, FL 32701		Mailing Address 801 CAMPELLO ST. ALTAMONTE SPRINGS, FL 32701	
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 20-4240979		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KORNEGAY, TERENCE R 1841 S. RONALD REAGAN BLVD. ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 801 CAMPELLO ST City ALTAMONTE SPRINGS FL Zip Code 32701	
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>Terence R. Kornegay</u> DATE: <u>7/23/2007</u> <small>(Signature, typed or printed name of registered agent and listed applicable. (NOTE: Registered Agent signature required when reissuing))</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P KORNEGAY, TERENCE R 1841 S. RONALD REAGAN BLVD. ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 Campello ST Altamonte Springs FL 32701
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
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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 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: <u>Terence R. Kornegay</u>		DATE: <u>7/23/2007</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

10/11/07