


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90017 040 ***158.75

DOCUMENT # P06000017545	
--------------------------------	---

1. Entity Name
OUR MANAGEMENT CORP.

Principal Place of Business
**372-1 BLANDING BLVD
ORANGE PK, FL 32073**

Mailing Address
**C/O DAVID A KING, ESQ.
1416 KINGSLEY AVE
ORANGE PK, FL 32073**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01082008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1267425

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, DAVID A
1416 KINGSLEY AVE
ORANGE PK, FL 32073**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE PSTD ☒ Delete
NAME **KING, KAREN L**
STREET ADDRESS **372-1 BLANDING BLVD**
CITY-STATE-ZIP **ORANGE PK, FL 32073**

TITLE PSD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

FILE VPD ☒ Delete
NAME **ROSS, JOHN W**
STREET ADDRESS **372-1 BLANDING BLVD**
CITY-STATE-ZIP **ORANGE PK, FL 32073**

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

FILE VP ☒ Delete
NAME **MCLEOD, JAMES C**
STREET ADDRESS **372-1 BLANDING BLVD.**
CITY-STATE-ZIP **ORANGE PARK, FL 32073**

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

FILE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VT ☐ Change ☒ Addition
NAME **King, Eugene Joseph**
STREET ADDRESS **372-1 Blanding Boulevard**
CITY-STATE-ZIP **Orange Park, FL 32073**

FILE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE AS ☐ Change ☒ Addition
NAME **King, Zoranna Kendra**
STREET ADDRESS **372-1 Blanding Boulevard**
CITY-STATE-ZIP **Orange Park, FL 32073**

FILE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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:

Karen L King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 272-7004

Daytime Phone *