

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000073737

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** CMCC MANAGEMENT CORPORATION

**Current Principal Place of Business:**

3555 ST JOHNS BLUFF RD  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

1284 CREEK BEND RD  
JACKSONVILLE, FL 32259

**New Mailing Address:**

**FEI Number:** 41-2206810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARCURI, CHRISTOPHER G SR.  
1284 CREEK BEND ROAD  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ARCURI, CHRISTOPHER G SR  
Address: PO BOX 600133  
City-St-Zip: JACKSONVILLE, FL 32260

Title: S  
Name: ARCURI, MARIA  
Address: PO BOX 600133  
City-St-Zip: JACKSONVILLE, FL 32260

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER G. ARCURI SR

P

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date