

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000004567

FILED
Mar 19, 2009
Secretary of State

Entity Name: FRS MANAGEMENT, INCORPORATED

Current Principal Place of Business:

CENTURY PLAZA
134 N OLD DIXIE HWY
LADY LAKE, FL 32159

New Principal Place of Business:

9728 SW 54TH COURT
OCALA, FL 34476

Current Mailing Address:

CENTURY PLAZA
134 N OLD DIXIE HWY
LADY LAKE, FL 32159

New Mailing Address:

9728 SW 54TH COURT
OCALA, FL 34476

FEI Number: 20-8225124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRIAS, FELIXNITO A
9728 SW 54TH CT
OCALA, FL 34476 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DINAL, ARTEMIO M
Address: 2723 NE 24TH PLACE
City-St-Zip: Ocala, FL 34470

Title: D () Delete
Name: DELAROSA, FORWEN D
Address: 2623 NE 26TH STREET
City-St-Zip: Ocala, FL 34470

Title: D () Delete
Name: FIGUERAS, SOCRATES A
Address: 4081 NE 15TH COURT ROAD
City-St-Zip: Ocala, FL 34479

Title: MD () Delete
Name: FRIAS, FELIXNITO A
Address: 8107 NW 47TH STREET
City-St-Zip: Ocala, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change () Addition
Name: FRIAS, FELIXNITO A
Address: 9728 SW 54TH COURT
City-St-Zip: Ocala, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FELIXNITO FRIAS

MD

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date