

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000008366

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: GINNANE FAMILY MANAGEMENT COMPANY, INC.

## Current Principal Place of Business:

391 PALM COAST PARKWAY  
SUITE 4  
PALM COAST, FL 32137

## New Principal Place of Business:

391 PALM COAST PKWY SW  
# 4  
PALM COAST, FL 32137

## Current Mailing Address:

391 PALM COAST PARKWAY  
SUITE 4  
PALM COAST, FL 32137

## New Mailing Address:

391 PALM COAST PKWY SW  
# 4  
PALM COAST, FL 32137

FEI Number: 35-2326617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CROTTY, KATHLEEN L  
1825 BUSINESS PARK BLVD.  
SUITE A  
DAYTONA BEACH, FL 32114 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: P ( ) Delete  
Name: GINNANE, CHRISTOPHER R  
Address: 195 FRONTIER DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: S ( ) Delete  
Name: GINNANE, DAWN E  
Address: 195 FRONTIER DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Delete  
Name: GINNANE, GAVIN B  
Address: 195 FRONTIER DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Delete  
Name: GINNANE, MEGAN A  
Address: 195 FRONTIER DRIVE  
City-St-Zip: PALM COAST, FL 32137

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

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: CHRISTOPHER GINNANE

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date