## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000081742

Title:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Entity Nan	1e: FRANCHISE MAN	AGEMENT, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
6116 MARL ORLANDO	BERRY DRIVE , FL 32819						
Current Mailing Address:			New Mailing Address:				
6116 MARL ORLANDO	BERRY DRIVE , FL 32819						
FEI Number:	El Number: FEl Number Applied For (X)		FEI Number Not Applicable ( )		Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
WEED, PE 6116 MARL ORLANDO	BERRY DRIVE						
The above in the State	named entity submits t of Florida.	his statement for the po	urpose of changing i	ts registered o	ffice or registered	agent, or both,	
SIGNATUR							
Electronic Signature of Registered Agen  Election Campaign Financing Trust Fund Contribution ( ).			nt		Date		
	AND DIRECTORS:	ia contribution ( ).	ADDITION	S/CHANGES	TO OFFICERS A	ND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DIR ( ) Delete CARRICO, JOHN 8272 TANSY DRIVE ORLANDO, FL 32819		Title: Name: Address: City-St-Zip:	VP (X CARRICO, JOH 8272 TANSY D ORLANDO, FL	RIVE		
Title: Name: Address: City-St-Zip:	PRES () Delete WEED, PETER 6116 MARLBERRY DRIVE ORLANDO, FL 32819	<b>:</b>	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP,S () Delete WEED, MICHAEL 8272 TANSY DRIVE ORLANDO, FL 32819		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VΡ

BACKMAN, PHIL

6116 MARLBERRY DR

ORLANDO, FL 32819

( ) Change (X) Addition

SIGNATURE: PETER WEED **PRES** 04/30/2009

( ) Delete