
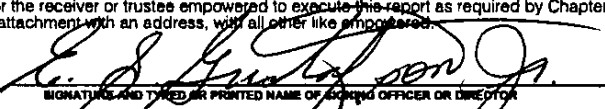


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000028273</b>		
1. Entity Name <b>GUSTAFSON'S MANAGEMENT COMPANY</b>		
Principal Place of Business <b>50 NORTH LAURA STREET STE 2750 JACKSONVILLE, FL 32202 US</b>		Mailing Address <b>PO BOX 40086 JACKSONVILLE, FL 32203-0086</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BRANT, ABRAHAM, REITER &amp; MCCORMICK, PA SUITE 2750 50 NORTH LAURA STREET JACKSONVILLE, FL 32202</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP GUSTAFSON, E.S. JR. STATE HWY 16 WEST GREEN COVE SPRINGS, FL 32043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WAGNER, GAIL C ST. HWY 16 WEST GREEN COVE SPRINGS, FL 32043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-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 empowers.		
SIGNATURE: 		<b>1-24-2007</b> Date _____ Daytime Phone # _____



01042007 No Chg-P CR2E034 (1/1/06)

4. FEI Number <b>59-3175820</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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01/26/07-80086-004 150.00