

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054782

Entity Name: CCO MANAGEMENT, INC.

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

6823 S.E. 12TH CIRCLE
SUITE 503
OCALA, FL 34480 US

New Principal Place of Business:

6823 S.E. 12TH CIRCLE
OCALA, FL 34480 US

Current Mailing Address:

6823 SE 12TH CIRCLE
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 59-3219289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, ROBERT D
954 EAST SILVER SPRINGS BLVD
OCALA, FL 34470 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: MCDONIELS, MIKE
Address: 2236 LAUREL RUN DRIVE
City-St-Zip: Ocala, FL 34471

Title: VP () Delete
Name: SAUEY, LARRY
Address: 2131 SE MILL CREEK CIRCLE
City-St-Zip: Ocala, FL 34471

Title: S (X) Delete
Name: REGER, JOHN
Address: 9919 SW 42ND ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: CARNEY, ROBERT
Address: 7071 SE 14TH COURT
City-St-Zip: Ocala, FL 34480

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 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: MIKE MCDONIELS

PRES

04/13/2007

Electronic Signature of Signing Officer or Director

Date