

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008586

FILED
Apr 07, 2009
Secretary of State

Entity Name: FLETCHER MANAGEMENT, INC.

Current Principal Place of Business:

1306 N.W. 125 TERR
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

1306 N.W. 125 TERR
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 65-0469647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, HALRIC E.
1306 N.W. 125 TERR
SUNRISE, FL 33323 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: PD () Delete
Name: FLETCHER, HALRIC
Address: 1306 N.W. 125 TERR
City-St-Zip: SUNRISE, FL 33323

Title: DV () Delete
Name: FLETCHER, LYDWEINE
Address: 1306 N.W. 125 TERR
City-St-Zip: SUNRISE, FL 33323

Title: TD () Delete
Name: FLETHCER-LAWRENCE, ROSE
Address: 2070 NW 98 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD () Delete
Name: REID, SANDRA
Address: 16822 SW.. 5TH WAY
City-St-Zip: WESTON, FL 33326

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: SANDRA A. REID

SD

04/07/2009

Electronic Signature of Signing Officer or Director

Date