

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000051560**

1. Entity Name  
**PETRA MANAGEMENT, INC.**



Principal Place of Business  
**1817 N 3RD ST  
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address  
**PO BOX 330108  
ATLANTIC BEACH, FL 32233-0108 US**



05062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3255491</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**SORRELL, MARY C  
2275 ATLANTIC BLVD  
NEPTUNE BEACH, FL 32266**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000349049  
06/03/08-80014-001 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD HIONIDES, CHRIS 2275 ATLANTIC BLVD NEPTUNE BEACH, FL 32266</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TRENDEL, RICHARD F 1817 N 3RD ST JACKSONVILLE BEACH, FL 32250</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 empowered.

SIGNATURE

*Chris Hionides*

904-241-1501

5-1-08