

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000093715

Entity Name

L. CANNON MANAGEMENT CORPORATION



Principal Place of Business

**220 PONTE VERDRA PARK DR #100
PONTE VEDRA BEACH, FL 32082 US**

Mailing Address

**220 PONTE VERDRA PARK DR #100
PONTE VEDRA BEACH, FL 32082 US**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3285967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FAIRBAIRN, MATTHEW
220 PONTE VERDRA PARK DR #100
PONTE VEDRA BEACH, FL 32082**

**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
000000014255

02/13/08-80036-018 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEIN, DAVID
STREET ADDRESS	220 PONTE VERDRA PARK DR #100
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	FAIRBAIRN, MATTHEW
STREET ADDRESS	220 PONTE VERDRA PARK DR #100
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VD
NAME	PERRY, JOHN
STREET ADDRESS	220 PONTE VERDRA PARK DR #100
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	V
NAME	MABRY, RITCH
STREET ADDRESS	220 PONTE VERDRA PARK DR #100
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RITCH MABRY VP/CFO 1/21/08 904.273.9558