



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000007522</b>		
1. Entity Name VAN WORMER MANAGEMENT COMPANY, INC.		
Principal Place of Business 1271 REGENCY PLACE HEATHROW, FL 32746	Mailing Address 1271 REGENCY PLACE HEATHROW, FL 32746	
<b>DO NOT WRITE IN THIS SPACE</b>		
		 02102005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3289244 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
VAN WORMER, NORMAN N 1271 REGENCY PLACE HEATHROW, FL 32746		<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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000230570 02/15/05-80048-016 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN WORMER, NORMAN N 1271 REGENCY PLACE HEATHROW, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN WORMER, KATHRYN J 1271 REGENCY PLACE HEATHROW, FL 32746	
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<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Kathryn Van Wormer</u> KATHRYN VANWORMER 2-11-05 (989)846-9591 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		