

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90073 035 ***158.75

DOCUMENT # P95000082042

1. Entity Name

FINANCIAL SYSTEMS MANAGEMENT, INC.



Principal Place of Business

1044 AZALEA LANE
WINTER PARK FL 32789
US

Mailing Address

1044 AZALEA LANE
WINTER PARK FL 32789
US



2. Principal Place of Business - No P.O. Box #

NOT APPLICABLE - HOLDING COMPANY

3. Mailing Address

Suite, Apt. #, etc.
S/O 1044 AZALEA LANE

Suite, Apt. #, etc.

S/O 1044 AZALEA LANE

Suite, Apt. #, etc.

S/O 1044 AZALEA LANE

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

Zip

32789

Country

US

Zip

32789

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3342525

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANSON, CURTIS W
1044 AZALEA LANE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

2/15/2007
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
HANSON, CURTIS W
1044 AZALEA LANE
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

CURTIS W. HANSON
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2007

Date

407-644-9353

Daytime Phone #

BUSINESS DOES NOT NEED OR MAINTAIN OFFICE