


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90028 046 ***150.00

DOCUMENT # P96000006486 1. Entity Name PRS MANAGEMENT, INC.	
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Principal Place of Business 720 E SOUTHLAND AVE BUSHNELL, FL 33513 US	Mailing Address 720 E SOUTHLAND AVE BUSHNELL, FL 33513 US
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DO NOT WRITE IN THIS SPACE

40008120



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3381816	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

GRAVES, RONNIE N
11927 SW 31ST TERRACE
WEBSTER, FL 33579

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	PD GRAVES, RONNIE N 11927 SW 31ST TERRACE WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRAVES, LINDA R 11927 SW 31ST TERRACE WEBSTER, FL 33579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Linda Graves LINDA Graves 1/11/07 352-793-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #