


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90036 046 \*\*\*150.00

|   |   |                                 |  |   |  |
|---|---|---------------------------------|--|---|--|
| <b>DOCUMENT # P96000049480</b>  |   |                                 |  |    |  |
| 1. Entity Name<br><b>DVG MANAGEMENT, INC.</b>   |   |                                 |  |   |  |
| Principal Place of Business<br><b>515 W BRYAN ST<br/>KISSIMMEE, FL 34741 US</b>   |   |                                 | Mailing Address<br><b>515 WEST BRYAN ST<br/>KISSIMMEE, FL 34741 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #  |   |                                 | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |   |                                 | Suite, Apt. #, etc.  |   |  |
| City & State  |   |                                 | City & State   |   |  |
| Zip   | Country   | Zip                             | Country  | 4. FEI Number<br><b>59-3386604</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |                                 |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>GARY L LEE<br/>515 W. BRYAN ST.<br/>KISSIMMEE, FL 34741</b>   |   |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reconstituting)   |   |                                 |  |   |  |
| DATE _____  |   |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>   |   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS  |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>KELLEY, GARY A<br>1001 EAST SOUTHPORT ROAD<br>KISSIMMEE, FL | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DVP<br>SMITH, VIANNE<br>3200 CHAD LANE<br>KISSIMMEE, FL           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>SECRETARY - DIRECTOR</b><br><b>SMITH VIANNE</b><br><b>4800 CANOE CREEK RD</b><br><b>ST. CLOUD, FL 34772</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VPD<br>KELLEY, GEORGE A<br>4900 KELLEY LANE<br>KISSIMMEE, FL      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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01262008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3386604**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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.

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

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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: George A. Kelley VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/08 407-846-0229  
DATE Daytime Phone #