


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90058 019 \*\*\*150.00

DOCUMENT # P96000079332					
1. Entity Name <b>FHM MANAGEMENT CORP.</b>					
Principal Place of Business <b>4601 TOUCHTON ROAD EAST BUILDING 300, SUITE 3150 JACKSONVILLE, FL 32246</b>			Mailing Address <b>4601 TOUCHTON ROAD EAST BUILDING 300, SUITE 3150 JACKSONVILLE, FL 32246</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3407124</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEMINE, JOHN A. 9485 REGENCY SQUARE BLVD SUITE 415 JACKSONVILLE, FL 32225</b>				Name <u>change in address only</u> Street Address (P.O. Box Number is Not Acceptable) <u>4601 Touchton Road East</u> <u>Building 300, Suite 3150</u> City <u>Jacksonville</u> <b>FL</b> Zip Code <u>32246</u>	
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD BROCK, JAMES E 9485 REGENCY SQ BLVD SUITE 415 JACKSONVILLE, FL 32225</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD BOND, WILLIAM JR. 9485 REGENCY SQ BLVD SUITE 415 JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4601 Touchton Rd East, Suite 3150 Bldg 300 JACKSONVILLE FL 32246</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BRADLEY, RUEL L JR. 9485 REGENCY SQ BLVD SUITE 415 JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4601 Touchton Rd East Suite 3150 Bldg 300 Jacksonville FL 32246</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD RICHARDSON, MARY ANN 9485 REGENCY SQ BLVD SUITE 415 JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4601 Touchton Rd East, Suite 3150 Bldg 300 JACKSONVILLE FL 32246</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATD GABEL, GEORGE D JR. 9485 REGENCY SQ BLVD SUITE 415 JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ASD 4601 Touchton Rd East, Suite 3150 Bldg 300 JACKSONVILLE FL 32246</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATDC HEALAN, JACK B JR 9485 REGENCY SQ BLVD SUITE 415 JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CD 4601 Touchton Rd East, Suite 3150 Bldg 300 JACKSONVILLE FL 32246</b>	
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: <u>John A. Lemine</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>John A. Lemine</u>		
			Date <u>4/17/08</u> Daytime Phone # <u>904.724.9890</u>		

ATTACHMENT  
40073808

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**DOCUMENT #P96000079332**

**FHM MANAGEMENT CORP.**

**FEI Number 59-3407124**

**BLOCK 10:**

**Director  
Walter L. Banks  
9485 Regency Square Blvd, Suite 415  
Jacksonville, FL 32225**

**Director  
Joseph G. Seay  
9485 Regency Square Blvd, Suite 415  
Jacksonville, FL 32225**

**Chief Operating Officer (VP)  
John A. Lemine  
9485 Regency Square Blvd, Suite 415  
Jacksonville, FL 32225**

**Vice President Finance  
Heather L. McCoy  
9485 Regency Square Blvd, Suite 415  
Jacksonville, FL 32225**

**BLOCK 11:**

Change ☒

**4601 Touchton Rd East, Suite 3150, Bldg 300  
Jacksonville, FL 32246**

Change ☒

**ATD  
4601 Touchton Rd East, Suite 3150, Bldg 300  
Jacksonville, FL 32246**

Change ☒

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Jacksonville, FL 32246**

Change ☒

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