


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000015251 1. Entity Name MARKET MANAGEMENT, INC.	
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Principal Place of Business 11902 BONITA BEACH ROAD BONITA SPRINGS, FL 34133 US	Mailing Address 11902 BONITA BEACH ROAD BONITA SPRINGS, FL 34133 US
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3436771	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CANDLER, ASA W
4099 TAMiami TR N
STE 305
NAPLES, FL 34103**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000092277 03/19/04-80002-016 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CANDLER, ASA W 1201 SPYGLASS LANE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CANDLER, MARIAN 1201 SPYGLASS LANE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FITZGERALD, WILLIAM 4099 TAMiami TRAIL NORTH, STE.305 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VACARRO, GENE 11902 BONITA BEACH ROAD BONITA SPRINGS, FL 34133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FARROW, GLENDA 11902 BONITA BEACH ROAD BONITA SPRINGS, FL 34133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, without other like empowered.

SIGNATURE: ASA W CANDLER 3.16.04 239-262-3034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #