

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90180 046 ***150.00

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1. Entity Name
MARKET MANAGEMENT, INC.



Principal Place of Business
**11902 BONITA BEACH ROAD
BONITA SPRINGS, FL 34133 US**

Mailing Address
**11902 BONITA BEACH ROAD
BONITA SPRINGS, FL 34133 US**

20047956



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3436771

Applied For
Not Applicable

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

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 _____
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

SIGNATURE: *[Signature]* **4-22-05** **239-262-3535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #