


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90001 002 \*\*\*158.75

<b>DOCUMENT # P97000039232</b> 1. Entity Name <b>NEPTUNE MANAGEMENT, INC.</b>			
Principal Place of Business <b>10887 OVERSEAS HIGHWAY MARATHON, FL 33050 US</b>		Mailing Address <b>PO BOX 522796 MARATHON, FL 33052 US</b>	
2. Principal Place of Business <b>6400 Overseas Hwy</b> Suite, Apt. #, etc. <b>Suite C</b> City & State <b>Marathon, FL 33050</b>		3. Mailing Address <b>PO Box 522796</b> Suite, Apt. #, etc. City & State <b>Marathon, FL</b>	
Zip <b>33050</b>	Country <b>Monroe</b>	Zip <b>33050</b>	Country <b>Monroe</b>
4. FEI Number <b>65-0771888 20-2422012</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COATES, WILLIAM J. 10887 OVERSEAS HIGHWAY MARATHON, FL 33050</b>		7. Name and Address of New Registered Agent Name <b>Helen R Rose</b> Street Address (P.O. Box Number is Not Acceptable) <b>31231 Hibiscus Drive</b> City <b>Big Pine Key</b> <b>FL</b> Zip Code <b>33043</b>	
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 <b>Helen R Rose</b> <span style="float: right;">5/26/2005</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSM COATES, WILLIAM J 10887 OVERSEAS HIGHWAY MARATHON, FL 33050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles A Rose 31231 Hibiscus Drive Big Pine Key, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Helen R. Rose 31231 Hibiscus Drive Big Pine Key, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <b>Helen R Rose</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/26/05 305-743-0104 <small>Date Daytime Phone #</small>	

**50053099**



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