


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000090376

1. Entity Name
SANTA FE MANAGEMENT, INC.



Principal Place of Business 11207 NW 12TH PL. GAINESVILLE, FL 32606	Mailing Address 11207 NW 12TH PL. GAINESVILLE, FL 32606
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DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0802289	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLER, CHARLES E II
 7385 GALLOWAY RD., STE. 200
 MIAMI, FL 33173

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, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, BESSIE K 1415 FT CLARKE BLVD., APT 129 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, LANNIE H JR 11207 NW 12TH PLACE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, SHIRLEY H 11207 NW 12TH PLACE GAINESVILLE, FL 32606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/15/06-80050-024 150.00

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: L.H. THOMPSON JR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/21/06 Daytime Phone #: 352-332-5873