


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90002 049 \*\*\*550.00

**DOCUMENT # P98000039563**

1. Entity Name  
**8000 MANAGEMENT, INC.**



Principal Place of Business  
**101 PINEAPPLE GROVE WAY  
 DELRAY BEACH, FL 33444**

Mailing Address  
**101 PINEAPPLE GROVE WAY  
 DELRAY BEACH, FL 33444**

2. Principal Place of Business  
**8000 N. Federal Hwy**  
 Suite, Apt. #, etc.

3. Mailing Address  
**% Fairman + Associates**  
 Suite, Apt. #, etc.  
**4281 NW 1st Avenue**

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

Zip  
**33487** Country  
**W.P.B.**

Zip  
**33431** Country  
**W.P.B.**

07012004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0831899**

Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent

**ERICKE, HENRY A**  
**101 PINEAPPLE GROVE WAY**  
**DELRAY BEACH, FL 33444**

7. Name and Address of New Registered Agent

Name  
**Tracy L. Fairman**

Street Address (P.O. Box Number is Not Acceptable)  
**C/O Fairman + Associates, Inc.**  
**4281 NW 1st Ave**

City  
**Boca Raton** FL Zip Code  
**33431**

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 *Tracy L. Fairman* DATE **7/1/04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

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	<b>P</b> <b>PUGLIESE, ANTHONY V III</b> <b>101 PINEAPPLE GROVE WAY</b> <b>DELRAY BEACH, FL 33444</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FRICKE, HENRY A</b> <b>101 PINEAPPLE GROVE WAY</b> <b>DELRAY BEACH, FL 33444</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>Joseph Veccia</b> <b>1800 Lake Drive</b> <b>DeRay Beach, FL 33444</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Doc. # PS 8000039663  
574065502

Returned check w/  
report to me 7/26/04  
#1121

I'm  
Returning this check  
w/ the report  
7/24/04  
#1121