

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064482

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: ABOVE ALL MANAGEMENT, INC.

## Current Principal Place of Business:

9340 SW 9TH TERRACE  
OCALA, FL 34476

## New Principal Place of Business:

108 N MAGNOLIA AVENUE  
SUITE 326  
OCALA, FL 34475

## Current Mailing Address:

9340 SW 9TH TERRACE  
OCALA, FL 34476

## New Mailing Address:

108 N MAGNOLIA AVENUE  
SUITE 326  
OCALA, FL 34475

FEI Number: 59-3576245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCMINN, KRISTEN  
9340 SW 9TH TERRACE  
OCALA, FL 34476 US

## Name and Address of New Registered Agent:

MCMINN, KRISTEN  
108 N MAGNOLIA AVENUE  
SUITE 326  
OCALA, FL 34475 US

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.

SIGNATURE: KRISTEN MCMINN

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCMINN, STEVE  
Address: 9340 SW 9TH TERRACE  
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete  
Name: MCMINN, KRISTEN  
Address: 9340 SW 9TH TERRACE  
City-St-Zip: OCALA, FL 34476

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MCMINN, STEVE  
Address: 108 N MAGNOLIA AVENUE, SUITE 326  
City-St-Zip: OCALA, FL 34475

Title: D (X) Change ( ) Addition  
Name: MCMINN, KRISTEN  
Address: 108 N MAGNOLIA AVENUE, SUITE 326  
City-St-Zip: OCALA, FL 34475

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTEN MCMINN

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date