## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P98000096998**

GGERS MANAGEMENT CORPORATION



Principal Place of Business

2503 COMMERCIAL BLVD. MARIANNA, FL 32446

Mailing Address

2503 COMMERCIAL BLVD. MARIANNA, FL 32446

## **FILED** Apr 22, 2004 08:00 AM Secretary of State



04192004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3543257

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIGGERS, JOHN 2503 COMMERCIAL PARK DRIVE MARIANNA, FL 32446

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8. The above the obligat	named entity submits this statement for the $\boldsymbol{\epsilon}$ ions of registered agent.	purpose of changing its registered	office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered A	ant signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financia     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000124667 04/22/04-00054-016-150.00
10.	OFFICERS AND DIRECTORS				TURECTORDER OF THE LOCAL CONTROL CONTR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGERS, JOHN H 2503 COMMERCIAL BLVD. MARIANNA, FL 32446				
RITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIGGERS, ABIGAIL G 2503 COMMERCIAL BLVD. MARIANNA, FL 32446				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	DO	NOT WRITE
TRILE NAME STREET ADDRESS CRY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME NAME I ADDRESS					

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:

8505263425 042104