2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000054838

Entity Name: POOLE MANAGEMENT COMPANY

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	MONA BLVD NVILLE, FL 3222	1 US		
Current N	Mailing Address	:	New Mailing Addres	ss:
	MONA BLVD NVILLE, FL 3222	1 US		
FEI Numbei	r: 59-3581781	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:
50 LAUŔA JACKSON	A STREET STE 2 NVILLE, FL 3220:	2 US		
The above in the Stat		bmits this statement for the	purpose of changing its registere	ed office or registered agent, or both.
iii tiio Otat	te of Florida.			- a
SIGNATU				
	JRE:	s Signature of Registered Ag	gent	Date
SIGNATU	IRE: Electronic	s Signature of Registered Ag	gent	
SIGNATU	IRE: Electronic	Frust Fund Contribution ().		
SIGNATU Election Ca OFFICER Title: Name: Address:	Electronic mpaign Financing 1	Trust Fund Contribution (). ORS: Delete WOOD P LVD		Date
SIGNATU	Electronic Electronic Electronic ENDE () D HOLMES, LOCKY 8323 RAMONA BI JACKSONVILLE,	Trust Fund Contribution (). ORS: Delete WOOD P LVD FL 32221 US Delete	ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LOCKWOOD P HOLMES DP 04/29/2008