

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000054838

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** POOLE MANAGEMENT COMPANY

**Current Principal Place of Business:**

8323 RAMONA BLVD  
JACKSONVILLE, FL 32221 US

**New Principal Place of Business:**

**Current Mailing Address:**

8323 RAMONA BLVD  
JACKSONVILLE, FL 32221 US

**New Mailing Address:**

**FEI Number:** 59-3581781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRANT, ABRAHAM, REITER & MCCORMICK PA  
50 LAURA STREET STE 2750  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** HOLMES, LOCKWOOD P  
**Address:** 8323 RAMONA BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32221 US

**Title:** VP  
**Name:** NOLES, JERRY  
**Address:** 8323 RAMONA BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32221 US

**Title:** VP  
**Name:** MCCORMACK, JOHNNY  
**Address:** 8323 RAMONA BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32221 US

I hereby 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 all other like empowered.

**SIGNATURE:** LOCKWOOD P HOLMES

DP

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date