

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P99000062427

1. Entity Name
F.I.M. MANAGEMENT, INC.



Principal Place of Business
**2000 TARPON CENTER DRIVE
VENICE, FL 34285**

Mailing Address
**2000 TARPON CENTER DRIVE
VENICE, FL 34285**



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1019881

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DEANS, ANITA
2000 TARPON CENTER DR
VENICE, FL 34285**

DO NOT WRITE IN THIS SPACE

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: *[Signature]* **President** *SORRY* *[Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**U00000853020
03/26/08-80053-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	DEANS, JAMES C
STREET ADDRESS	2000 TARPON CENTER DRIVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	PD
NAME	DEANS, ANITA
STREET ADDRESS	2000 TARPON CENTER DRIVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* **3/6/08** **941 416 5822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #