

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]* SORRY 3/6/08
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
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08 941 416 5822
Date Daytime Phone