


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90103 013 \*\*\*150.00

**DOCUMENT # P99000081617**  
 1. Entity Name  
 PRSE MANAGEMENT INC.



Principal Place of Business: 10861 75 ST N, LARGO, FL 33777  
 Mailing Address: 10861 75 ST N, LARGO, FL 33777

40015064



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

01232007 Chg-P CR2E034 (12/06)

4. FEI Number: 59-3597919  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 SHARKEY, MAUREEN  
 10861 75TH STREET NORTH  
 LARGO, FL 33777

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHARKEY, MAUREEN	
STREET ADDRESS	<del>1007 VENTNOR AVE</del>	
CITY-ST-ZIP	<del>LARGO SPRINGS, FL 34089</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARKER, PATRICIA	
STREET ADDRESS	945 PINELLAS BAYWAY #202	
CITY-ST-ZIP	TIERRA VERDE, FL 33715	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GODIN, THERESA	
STREET ADDRESS	13815 84TH TERR N	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEIBEL, ROSEANN	
STREET ADDRESS	13815 84TH TERR N	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUREEN SHARKEY	
STREET ADDRESS	10861 75TH STREET N	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Theresa A. Godin, Sec.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07 127-545-0515  
 Date Daytime Phone #