


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # S61413 1. Entity Name INTEGRITY MANAGEMENT, INC.	
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Principal Place of Business 4219 ORIOLE AVE WILBUR BY THE SEA, FL 32127	Mailing Address 6068 SABAL CREEK BLVD PORT ORANGE, FL 32128 US
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DO NOT WRITE IN THIS SPACE

05012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3072271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAWISZA, JOHN
 4219 ORIOLE AVE
 WILBUR BY THE SEA, FL 32127

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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 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ZAWISZA, JOHN B. 6068 SABAL CREEK BLVD PORT ORANGE, FL 32128
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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: *John B. Zawisza*  4-30-08 386-871-6611
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #