

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90232 026 \*\*\*150.00

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<b>DOCUMENT # S79502</b> 1. Entity Name 1844 MANAGEMENT CORPORATION																																																																																			
Principal Place of Business 330 S. ORANGE AVE. SARASOTA, FL 34236 US		Mailing Address 330 S. ORANGE AVENUE SARASOTA, FL 34236 US																																																																																	
2. Principal Place of Business Suite, Apt. #, etc. 3415 Magic Oak Lane		3. Mailing Address Suite, Apt. #, etc. 3415 Magic Oak Lane																																																																																	
City & State Sarasota FL		City & State Sarasota FL																																																																																	
Zip 34232		Country US																																																																																	
4. FEI Number 65-0286827		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  DENT, JOHN C., JR. 330 SOUTH ORANGE AVENUE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Dent, John C. Jr. Street Address (P.O. Box Number is Not Acceptable) 3415 Magic Oak Lane City Sarasota FL Zip Code 34232																																																																																	
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: <u>John C. Dent, Jr.</u> DATE: <u>4/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY- ST- ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>DP DENT, KATHY J.</td> <td>330 S. ORANGE AVE.</td> <td>SARASOTA, FL</td> <td></td> </tr> <tr> <td></td> <td>D DENT, JOHN C JR.</td> <td>330 S. ORANGE AVENUE</td> <td>SARASOTA, FL</td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete <input type="checkbox"/>		DP DENT, KATHY J.	330 S. ORANGE AVE.	SARASOTA, FL			D DENT, JOHN C JR.	330 S. ORANGE AVENUE	SARASOTA, FL																											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY- ST- ZIP</td> <td style="width:10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td>DP Dent, Kathy J</td> <td>3415 Magic Oak Lane</td> <td>Sarasota FL 34232</td> <td></td> </tr> <tr> <td></td> <td>D Dent, John C. JR</td> <td>3415 Magic Oak Lane</td> <td>Sarasota FL 34232</td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		DP Dent, Kathy J	3415 Magic Oak Lane	Sarasota FL 34232			D Dent, John C. JR	3415 Magic Oak Lane	Sarasota FL 34232																										
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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 reports 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 an other like empowered.  <b>SIGNATURE:</b> <u>John C. Dent, Jr.</u> DATE: <u>4/27/06</u> DAYTIME PHONE: <u>941 952-1070</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																			