


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V47993**  
 1. Entity Name  
**FHS MANAGEMENT COMPANY, INC.**



Principal Place of Business  
**1200 FT. PICKENS ROAD  
 11-B  
 PENSACOLA, FL 32561**

Mailing Address  
**PO BOX 1469  
 GULF BREEZE, FL 32562**



**DO NOT WRITE IN THIS SPACE**

03282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3131088** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**O'BRYANT, JIM  
 1200 FT. PICKENS ROAD  
 11-B  
 PENSACOLA, FL 32561**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

00000487069  
 04/13/06-80064-002 150.00

**DO NOT WRITE  
 IN THIS SPACE**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRYANT, JIM 1200 FT. PICKENS ROAD, 11-B PENSACOLA, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRYANT, BARBARA KAY 1200 FT. PICKENS ROAD, 11-B PENSACOLA, FL 32561
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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:**  **Jim O'BRYANT** / 28/06 850/932-2938  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oeytime Phone #