

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725578

**Entity Name:** CQ MANAGEMENT, INC.**Current Principal Place of Business:**101 NORTH RIVERSIDE DR.  
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**101 NORTH RIVERSIDE DR.  
NEW SMYRNA BEACH, FL 32168**FEI Number:** 59-1507551**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAUMANN, KARLA  
391 S. TIMBERLANE DRIVE  
NEW SMYRNA BEACH, FL 32168 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	MCDONALD, MALISSA
Address	101 NORTH RIVERSIDE DR. #811
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	TREASURER
Name	WILLS, SHARON
Address	101 N RIVERSIDE DR #306
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	PRESIDENT
Name	BELCHER, DON
Address	101 N RIVERSIDE DR #709
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	VP
Name	JONES, CHRISTOPHER
Address	101 N RIVERSIDE DR #104
City-State-Zip:	NEW SMYRNA BCH FL 32168

Title	SECRETARY
Name	WAGNER, DOROTHY W
Address	101 N. RIVERSIDE DR #703
City-State-Zip:	NEW SMYRNA BCH FL 32168

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARON WILLS**TREASURER****03/24/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date