

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018750

Entity Name: FIVE PARTNERS MANAGEMENT, INC.**Current Principal Place of Business:**313 65TH TRAIL NORTH
W. PALM BCH, FL 33413**Current Mailing Address:**313 65TH TRAIL NORTH
W. PALM BCH, FL 33413 US**FEI Number:** 01-0597079**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOGAN, DAVID
313 65TH TRAIL NORTH
W. PALM BCH, FL 33413 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:** DAVID LOGAN

04/28/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title D
Name LOGAN, MURRAY
Address 313 65TH TRAIL NORTH
City-State-Zip: W. PALM BCH FL 33413Title D
Name VOGEL, CLARENCE
Address 313 65TH TRAIL NORTH
City-State-Zip: W. PALM BCH FL 33413Title D
Name O'LEARY, EDWARD
Address 313 65TH TRAIL NORTH
City-State-Zip: W. PALM BCH FL 33413Title D
Name LOGAN, DAVID
Address 313 65TH TRAIL NORTH
City-State-Zip: W. PALM BCH FL 33413Title D
Name LOGAN, ANDREW
Address 313 65TH TRAIL NORTH
City-State-Zip: W. PALM BCH FL 33413

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID LOGAN**DIRECTOR**

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date