


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # J39266

1. Entity Name
O. I. MANAGEMENT, INC.



Principal Place of Business
**613-B BEACHVIEW DR.
 ST SIMONS ISLD, GA 31522 US**

Mailing Address
**P.O. BOX 20287
 ST SIMONS ISLD, GA 31522 US**

DO NOT WRITE IN THIS SPACE



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2743368

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ZELL, ROYALD A.
 2225 CLIMBING IVY DR
 TAMPA, FL 33618**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | D |
| NAME | ZELL, ROYALD A. |
| STREET ADDRESS | 2225 CLIMBING IVY DR |
| CITY-ST-ZIP | TAMPA, FL 33618 |
| TITLE | D |
| NAME | ZELL, DALE L. |
| STREET ADDRESS | 2225 CLIMBING IVY DR |
| CITY-ST-ZIP | TAMPA, FL 33618 |
| TITLE | DP |
| NAME | ZELL, HAROLD E. |
| STREET ADDRESS | 101 WORTHING STR |
| CITY-ST-ZIP | ST SIMONS ISLD, GA 31522 |
| TITLE | D |
| NAME | ZELL, LUCY D. |
| STREET ADDRESS | 101 WORTHING STR |
| CITY-ST-ZIP | ST SIMONS ISLD, GA 31522 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

U00000681163
 04/04/07-80031-020 150.00

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: *Harold E. Zell* **HAROLD E. ZELL** 3/26/07 912 996-0338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #