


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
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



02152008 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000874814

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

04/11/08-80007-018 150.00

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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 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:  **H.E. ZELL** **3/27/08** **9129960338**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #