

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39266

FILED
Mar 25, 2009
Secretary of State

Entity Name: O. I. MANAGEMENT, INC.

Current Principal Place of Business:

613-B BEACHVIEW DR.
ST SIMONS ISLD, GA 31522 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2743368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZELL, ROYALD A.,
Address: 2225 CLIMBING IVY DR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: ZELL, DALE L.,
Address: 2225 CLIMBING IVY DR
City-St-Zip: TAMPA, FL 33618

Title: DP () Delete
Name: ZELL, HAROLD E.,
Address: 101 WORTHING STR
City-St-Zip: ST SIMONS ISLD, GA 31522

Title: D () Delete
Name: ZELL, LUCY D.,
Address: 101 WORTHING STR
City-St-Zip: ST SIMONS ISLD, GA 31522

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HAROLD ZELL

DP

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date