


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90011 026 ***150.00

DOCUMENT # P96000073253			
1. Entity Name 100% MANAGEMENT, INC.			
Principal Place of Business 307 WEST VIRGINIA STREET MINNEOLA, FL 34755 US		Mailing Address 19145 SOUTH O'BRIEN ROAD GROVELAND, FL 34736	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 121276	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Clermont Florida	
Zip	Country	Zip	Country
		34712-1276	
4. FEI Number 59-3402398		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAMPERT, WILLIAM ALAN 19145 SOUTH O'BRIEN ROAD GROVELAND, FL 34736		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMPERT, WILLIAM ALAN 19145 SOUTH O'BRIEN ROAD GROVELAND, FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>William A. Lampert</i> as William A. Lampert 3/19/07 352-241-0500		Date: _____ Daytime Phone #: _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>president</small>	