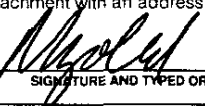


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90027 010 ***150.00

DOCUMENT # J74930 1. Entity Name MANGOLD & SONS, INC.					
Principal Place of Business 5294 ASHLEY PKWY SARASOTA FL 34241 US			Mailing Address 5294 ASHLEY PKWY SARASOTA FL 34241 US		
2. Principal Place of Business 2666 BROWNING ST			3. Mailing Address Suite, Apt. #, etc.		
City & State SARASOTA, FLORIDA			City & State		
Zip 34237		Country SAARASOTA		4. FEI Number 59-2813078	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANGOLD, RICHARD A 5294 ASHLEY PKWY SARASOTA FL 34241 2666 BROWNING ST SARASOTA, FL 34237			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD MANGOLD, RICHARD A 5294 ASHLEY PKWY SARASOTA FL 34241	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, TREAS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD MANGOLD, MARSHA S 5294 ASHLEY PKWY SARASOTA FL 34241	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. DALLAS J. MANGOLD 2666 BROWNING ST SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. BEAU G. MANGOLD 2666 BROWNING ST SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			RICK A. MANGOLD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-28-04 Daytime Phone # 941 3660858		