


2004 FOR PROFIT CORPORATION ANNUAL REPORT

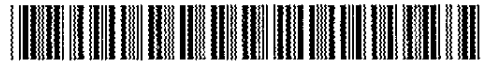
FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000076658
 1. Entity Name
 MENCORP, INC.



Principal Place of Business Mailing Address
 38724 US 19 NORTH 38724 US 19 NORTH
 TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 US

DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3439961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MENNA, JOHN
 38724 US 19 NORTH
 TARPON SPRINGS, FL 34689

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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 file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000105012 04/07/04-80007-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MENNA, JOHN 38724 US 19 N TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MENNA, MARIO 38724 US 19 N TARPON SPRINGS, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: John Menna Mario Menna Conrad Prater/Sec. 4/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
 727-938-8814