


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90004 005 ***150.00

DOCUMENT # P97000056023
1. Entity Name
MENNA BROTHERS NUMBER TWO, INC.



Principal Place of Business Mailing Address
38724 US 19N 38724 US 19 NORTH
STE 100 TARPON SPRINGS, FL 34689 US
TARPON SPRINGS, FL 34689

44020240



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3459269 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

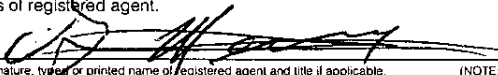
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENNA, AGOSTINO
2958 KENILWICK DR N
CLEARWATER, FL 33761

**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:  DATE: _____
Signature, typed or printed name of registered agent and title 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. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MENNA, MARIO 38724 US 19N TARPON SPRINGS, FL 34689 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO MENNA, JOHN 38724 US 19 N TARPON SPRINGS, FL 34689 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MENNA, AGOSTINO 2958 KENILWICK DR N CLEARWATER, FL 33761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSTV MENNA, MARCO 2896 CHANCERY LANE CLEARWATER, FL 33759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:  Date: 3/18/04 Daytime Phone #: 927-938-8814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gos Menna or Agostino Menna (same)