


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90092 046 \*\*\*150.00

**DOCUMENT # P97000056023**

1. Entity Name  
**MENNA BROTHERS NUMBER TWO, INC.**



Principal Place of Business  
**38724 US 19N**  
**STE 100**  
**TARPON SPRINGS, FL 34689**

Mailing Address  
~~38724 US 19 NORTH~~  
**TARPON SPRINGS, FL 34689 US**  
*P.O. Box 1297*  
*Tarpon Springs, FL 34688-1297*



**DO NOT WRITE IN THIS SPACE**

03252005 No Chg-P CR2E034 (10/03)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	MENNA, MARIO
STREET ADDRESS	38724 US 19N
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	CEO
NAME	MENNA, JOHN
STREET ADDRESS	38724 US 19N
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	P
NAME	MENNA, AGOSTINO
STREET ADDRESS	2958 KENILWICK DR N
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	DSTV
NAME	MENNA, MARCO
STREET ADDRESS	2896 CHANCERY LANE
CITY-ST-ZIP	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: Mario Menna **MARIO MENNA** 4/16/05  
 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_