


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90023 039 \*\*\*150.00

**DOCUMENT # P98000040613**

1. Entity Name  
**MANUFACTURING CONCEPTS, INC.**



Principal Place of Business  
**291 2ND ST WEST  
 TIERRA VERDIE FL 33715**

Mailing Address  
**291 2ND ST WEST  
 TIERRA VERDIE FL 33715**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number **69-0850036**

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**PAYNE, DANIELLE Z  
 1110 PINELLAS BAYWAY S.  
 UNIT 108  
 TIERRA VERDE FL 33715**

7. Name and Address of New Registered Agent  
 Name **EDWARD ZACHER**  
 Street Address (P.O. Box Number is Not Acceptable) **291 2ND ST WEST**  
 City **TIERRA VERDE FL** Zip Code **33715**

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 *Edward Zacher* **PRESIDENT** DATE **2/23/04**

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**  
**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

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | VP                    | <input type="checkbox"/> Delete |
| NAME           | PAYNE, JAMES P        |                                 |
| STREET ADDRESS | 655 - 7TH AVE NORTH   |                                 |
| CITY-ST-ZIP    | TIERRA VERDE FL 33715 |                                 |
| TITLE          | VP                    | <input type="checkbox"/> Delete |
| NAME           | PAYNE, DANIELLE       |                                 |
| STREET ADDRESS | 655 7TH AVE NORTH     |                                 |
| CITY-ST-ZIP    | TIERRA VERDE FL 33715 |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | VP                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PAYNE, DANIELLE       |  |
| STREET ADDRESS | 655 7TH AVE NORTH     |  |
| CITY-ST-ZIP    | TIERRA VERDE FL 33715 |  |
| TITLE          | PRESIDENT             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ZACHER, EDWARD        |  |
| STREET ADDRESS | 291 2ND ST WEST       |  |
| CITY-ST-ZIP    | TIERRA VERDE FL 33715 |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

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: *Edward Zacher* DATE: **2/23/04** DAYTIME PHONE #: **777 867-2763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR