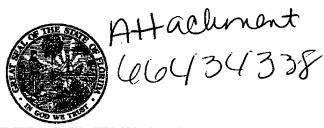
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # 635007** 08-27-2004 90002 030 ***150.00 MANCO ASSOCIATES INCORPORATED Principal Place of Business Mailing Address 410 W 6TH ST PANAMA CITY FL 32401 P.O. BOX 909 PANAMA CITY FL 32402 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) MOORE City & State City & State 4. FEI Number Applied For 59-1963069 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOURAS, CHRIS G Street Address (P.O. Box Number is Not Acceptable) -----1920 W. ORLANDO RD. PANAMA CITY FL FL 32402 City 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) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certification Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Change Addition GOURAS, CHRIS G NAME NAME STREET ADDRESS 1920 W. ORLANDO RD. STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME GOURAS, MAUREE 1920 W. ORLANDO RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME MAAR STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-7IP-☐ Delete ☐ Change TITLE TITL € ☐ Addition STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Oct 01, 2004 8:00 am



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

August 31, 2004

MANCO ASSOCIATES INCORPORATED P.O. BOX 909 PANAMA CITY, FL 32402

Subject: MANCO ASSOCIATES INCORPORATED

Reference Number

635007

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RG ANNUAL REPORTS SECTION