



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000000617</b>			
1. Entity Name MWJ MANAGEMENT, INC.			
Principal Place of Business RD #5 BOX 28 PUNXSUTAWNEY, PA 15767	Mailing Address RD #5 BOX 28 PUNXSUTAWNEY, PA 15767		
<b>DO NOT WRITE IN THIS SPACE</b>			
		04292004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 25-1752700	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			
CARNEY, WILBUR 750 E. SAMPLE RD., BUILDING 3, SUITE 221 POMPANO BEACH, FL 33064		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOVERSPIKE, CARL D PO BOX 97 RINGGOLD, PA 15770	<b>DO NOT WRITE IN THIS SPACE</b>  U00000150087 05/03/04-80211-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVVC MCMEANS, O. MICHAEL RD #5 BOX 28 PUNXSUTAWNEY, PA 15767		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARNEY, WILBUR 750 E. SAMPLE RD., BUILDING 3, SUITE 221 POMPANO BEACH, FL 33064		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUBE, JACK B 122 ELM RD. PUNXSUTAWNEY, PA 15767		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: <i>O. Michael McMean V-R</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/30/04	Daytime Phone # 814-938-0800