2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachr

SIGNATURE:

Jun 01, 2004 8:00 am **Secretary of State** DOCUMENT # F93000000255 1. Entity Name 06-01-2004 90004 049 ***150.00 J. P. MANN CONSTRUCTION COMPANY Principal Place of Business Mailing Address 6400 GLENWOOD 6400 GLENWOOD 54056002 SUITE 104 SUITE 104 **OVERLAND PARK KS 66202 OVERLAND PARK KS 66202** 2. Principal Place of Business 3. Mailing Address 5216 96th St. East 9216 96th St. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 75-2046585 Not Applicable Bradenton <u>Bradenton,</u> \$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 NRAI SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE DPT TITLE [] Addition □ Defete MANSON, JACK NAME NAME 6400 GLENWOOD, SUITE 104 STREET ADDRESS STREET ADDRESS 5216 96th St. East OVERLAND PARK KS 66202 CITY-ST-ZIP CITY-ST-ZIP Bradenton, FL 434211 TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Charioe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 71.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 regainer 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

FILED