

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90062 002 \*\*\*150.00

<b>DOCUMENT # H47121</b>	
1. Entity Name <b>MAYANN ENTERPRISES, INC.</b>	

Principal Place of Business <b>7110 OVERLAND RD ORLANDO FL 32810 US</b>	Mailing Address <b>4656 STEPHENS RD BLAIRSVILLE GA 30512 US</b>
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**44013699**



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>13325 Country Club Dr</b> Suite, Apt. #, etc.	
City & State		City & State <b>Tavares FL</b>	
Zip <b>32778</b>	Country	Zip <b>32778</b>	Country <b>FL</b>

MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>HASTINGS, KENNETH E. 13333 COUNTRY CLUB DRIVE TAVARES FL 32778</b>	
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4. FEI Number <b>59-2504122</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name <b>Nancy R. Hastings</b> Street Address (P.O. Box Number is Not Acceptable) <b>13325 Country Club Dr</b> City <b>Tavares</b> <b>FL</b> Zip Code <b>32778</b>	
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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 <b>Nancy R. Hastings</b> <b>Nancy R. Hastings - Pres. - Sec/Treas.</b> <b>2-18-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>	
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**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. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HASTINGS, KENNETH E.</b> <b>13333 COUNTRY CLUB DRIVE</b> <b>TAVARES FL 32778</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HASTINGS, NANCY R.</b> <b>13333 COUNTRY CLUB DRIVE</b> <b>TAVARES FL 32778</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GICK BEALAH</b> <b>1237 FOXFIRE TR</b> <b>APOPKA FL 32712</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Hastings, Nancy R.</b> <b>13325 Country Club Dr</b> <b>Tavares, FL 32778</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Nancy R Hastings</b> <b>Nancy R Hastings</b> <b>2-18-04</b> <b>352/343-4881</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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