

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # H56438	
1. Entity Name MT ENTERPRISES OF TAMPA, INC.	



Principal Place of Business 2231 LAKE ARBOR BLVD. CLEARWATER, FL 33763 US	Mailing Address 2231 LAKE ARBOR BLVD. CLEARWATER, FL 33763 US
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01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2534005	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 PETER MANGANO 2231 LAKE ARBOR BLVD. CLEARWATER, FL 33763

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000112575 04/14/04-80033-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETER MANGANO 2231 LAKE ARBOR BLVD. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID MANGANO 2046 DIPLOMAT DRIVE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETER MANGANO JR. 1003 WOOD CREEK COUNT EULESS, TX 76039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <u>P. Mangano</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>P. MANGANO</u>	<u>4/11/04</u> <small>Date</small>	<u>727-712-0426</u> <small>Daytime Phone #</small>
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