2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 20, 2004 8:00 am Secretary of State 04-20-2004 90019 043 ***150.00 DOCUMENT # J68661 MANION & ASSOCIATES, INC. Principal Place of Business Mailing Address 5008 W LINEBAUGH AVE 5008 W LINEBAUGH AVE **STE 24** STE 24 TAMPA, FL 33624 TAMPA, FL 33624 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 59-2804352 Not Applicable Zip 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 MANION, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 19125 CENTER ROSE BLVD LUTZ, FL 33549 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 Sinnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE POD Delete Change Addition MANION, WILLIAM J. NAME NAME 19125 CENTER ROSE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE MANION, MARTHA C. NAME NAME 19125 CENTRE ROSE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP Delete THIE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .mrte=, =, =, 🕳 👡 - 😅 🐪 Change 🚝 'Addition ے Delete ہے۔ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition _ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition 11Tt NAME NAME STREET ADDRESS 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.

FILED

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

April 8, 2004

MANION & ASSOCIATES, INC. 5008 W LINEBAUGH AVE STE 24 TAMPA, FL 33624 US

SUBJECT: MANION & ASSOCIATES, INC.

Ref. Number: J68661

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Upon receipt of your letter and/or check(s) totaling \$150,00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, 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 any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 704A00022991