

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000049874 1. Entity Name MOJO MANAGEMENT COMPANY					
Principal Place of Business 95 S 10TH ST HAINES CITY, FL 33844			Mailing Address 95 S 10TH ST HAINES CITY, FL 33844		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3653504	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent REILLY, FRED 95 S 10TH ST HAINES CITY, FL 33844			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Fred Reilly</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>5/23/04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete REILLY, FRED 95 S 10TH ST HAINES CITY, FL 33844	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete BEASLEY, FRED 6126 INDIAN MEADOW ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000161568 ☐ Change ☐ Addition 05/26/04-80004-004 150.00		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete LEVENDASKI, JIM 12316 WOLFF DRIVE BROOMFIELD, CO. 80020	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: <u><i>Fred Reilly</i></u> 5/23/04 (863) 422-5978					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					