

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000053063

1. Entity Name
THE MANASA CONSULTING GROUP, INC.



FILED

04 APR 29 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1057 QUAIL LN
MONTICELLO, FL 32344

Mailing Address
1057 QUAIL LN
MONTICELLO, FL 32344



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3663002

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANASA, KATIE
1222 BRANDT DR
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

300035777533
05/07/04--01084--002 **150.00

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
ED
MANASA, RONALD N
RT 5 BOX 5680
MONTICELLO, FL 32344 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1057 QUAIL LANE
MONTICELLO, FL 32344 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MANASA, KATHRYN
RT 5 BOX 5680
MONTICELLO, FL 32344 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1057 QUAIL LANE
MONTICELLO, FL 32344 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
MANASA, CHERYL M
RT 5 BOX 5680
MONTICELLO, FL 32344 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1057 QUAIL LANE
MONTICELLO, FL 32344 ☒ 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
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TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

997-2757

Daytime Phone #