

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000053063

**FILED**  
**Feb 13, 2011**  
**Secretary of State**

**Entity Name:** THE MANASA CONSULTING GROUP, INC.

**Current Principal Place of Business:**

1057 QUAIL LN  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

1057 QUAIL LN  
MONTICELLO, FL 32344

**New Mailing Address:**

**FEI Number:** 59-3663002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANASA, KATIE  
1222 BRANDT DR  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ED  
Name: MANASA, RONALD N  
Address: 1057 QUAIL LN  
City-St-Zip: MONTICELLO, FL 32344

Title: P  
Name: MANASA, KATHRYN  
Address: 1057 QUAIL LN  
City-St-Zip: MONTICELLO, FL 32344

Title: C  
Name: MANASA, CHERYL M  
Address: 1057 QUAIL LN  
City-St-Zip: MONTICELLO, FL 32344

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RONALD MANASA

ED

02/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date