# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Jan 20, 2005 8:00 am Secretary of State

1. Entity Nam	18	# P00000053 SOCIATES PUBLI	467 C RELATIONS, INC				01-20-2005	90024 (	)33 ***15	0.00	
Principal Place of Business 1346 S.E. 33RD TERRACE OCALA, FL 34471			Mailing Address 1346 S.E. 33RD TERRACE OCALA, FL 34471			. 40003468					
2. Principal P	Place of Busine	ss	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01062005	Chg-P	CR2E0	34 (10/03)		
City & State			City & State			4. FEI Number 59-3674				plied For t Applicable	
Zip		Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add		
	6. Name	and Address of Current	Registered Agent	1		7. Name and	Address of New R	egistered a	•		
					Name						
BEHNKE, JANET W 500 N.E. EIGHTH AVENUE OCALA, FL 34470				Street Address (P.O. Box Number is Not Acceptable)							
					City FL Zip Code						
8. The above	named entity	submits this statement for	r the purpose of changing its	register	d office or register	red agent, or both	, in the State of Flo			and accept	
the obligat	tions of registe	red agent.									
SIGNATURE_	Signature, typed o	r printed name of registered agent	and little if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE			
FIL After Ma	E'NOW!!! <sup>~</sup> ay 1, 2005	FEE'IS`\$150.00''' Fee will be \$550.0				.00 Mey Be					
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	1	.D, WILLIAM S 33RD TERRACE - 34471	☐ Delete					-	☐ Charige	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
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indicated	d on this report	or supplemental report is	this filing does not qualify for true and accurate and that in owered to execute this report	my signa	ture shall have the	same legal effect	as if made under o	bath; that I	am an officer	or director	

SIGNATURE:

FEI Number

FEI Number Status

### **ATTACHMENT**



## **Division of Corporations**

H0003468

### Annual Report

Document Number P00000053467 **Business Entity Name** 

MANSFIELD & ASSOCIATES PUBLIC RELATIONS, INC.

593674445

FEI Number Status	C Applied For C Not Applicable Current
Certificate of Status Desired	C Yes • No \$8.75 each
Election Campaign Financing Trust	Fund Contribution C Yes 6 No
n	i interest
	rincipal Place of Business
Address	1346 S.E. 33RD TERRACE
Suite, Apt. #, etc.	that the No Commence of the State of the
City, State	OCALA , FL
Zip Code & Countr	y <b>34471</b>
•	Mailing Address
Address	1346.S.E. 33RD TERRACE
Suite, Apt. #, etc.	
City, State	OCALA , FL
Zip Code & Countr	y <b>34471</b>
X .	1.4.11
	and Address of Registered Agent
Name (Last, First, Middle, Title	e) BEHNKE ,JANET ,W ,
-or- RA Business Name	
Address	500 N.E. EIGHTH AVENUE
Suite, Apt. #, etc.	Many high sequences in a restriction of the sequences of
City, State	OCALA , FL
Zip Code & Country	34470 US
in the 'Registered Agent	tered agent, the new agent will need to type their name. Signature block below to accept the designation of ure must be an individual name. If the RA is a business gn on their behalf. A business entity cannot serve as its own RA.
Registered Agent Sig	nature
	the individual "signing" this document electronically or be and permission of the individual, otherwise it constitutes
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Forgery under s.831.06, Florida Statutes.

Name And Address

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Title
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Street Address
City, State
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

itle---

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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