

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90009 039 ***150.00

DOCUMENT # P01000019628 1. Entity Name AU MANOIR INC.			
Principal Place of Business 133 E. ATLANTIC AVE. DELRAY BEACH, FL 33444		Mailing Address 133 E. ATLANTIC AVE. DELRAY BEACH, FL 33444	
2. Principal Place of Business 1865 SW 4th Ave - D8 Suite, Apt. #, etc.		3. Mailing Address 1865 SW 4th Ave Suite, Apt. #, etc.	
City & State Delray Beach, FL Zip 33444		City & State Delray Beach FL Zip 33444	
4. FEI Number 65-1082851		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CELTON, CATHERINE 133 E ATLANTIC AVENUE DELRAY BEACH, FL 33444		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete NAME CELTON, CATHERINE STREET ADDRESS 133 E ATLANTIC AVENUE CITY - ST - ZIP DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 1865 SW 4th Ave - D8 NAME Delray Beach, FL STREET ADDRESS 33444 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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		Date 3/2/04 Daytime Phone #	