

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90006 012 \*\*\*150.00

**DOCUMENT # P02000017559**

1. Entity Name  
**PHEASANT RIDGE, INC.**



Principal Place of Business  
**2811 E. INDUSTRIAL PLAZA  
 TALLAHASSEE, FL 32301**

Mailing Address  
**2811 E. INDUSTRIAL PLAZA  
 TALLAHASSEE, FL 32301**

**44004840**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0388642**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANAUSA, DANIEL E  
 3520 THOMASVILLE RD., 4TH FL  
 TALLAHASSEE, FL 32308**

**DO NOT WRITE IN THIS SPACE**

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**

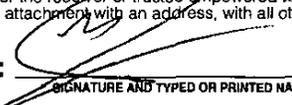
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GHAVINI, MEHRDAD
STREET ADDRESS	2811-E INDUSTRIAL PLAZA DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	ASHBURY, THOMAS B
STREET ADDRESS	2811-E INDUSTRIAL PLAZA DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	NELSON, TERRY C
STREET ADDRESS	PO BOX 13671
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **menhrdad ghavini** **1/27/04** **(850) 402-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #