



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000018588 1. Entity Name CHRISTOPHER MANZ, INC.		
Principal Place of Business 2576 SW 9TH LANE OKEECHOBEE, FL 34974-4816	Mailing Address 2576 SW 9TH LANE OKEECHOBEE, FL 34974-4816	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MANZ, CHRISTOPHER 2576 SW 9TH LANE OKEECHOBEE, FL 34974-4816		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MANZ, CHRISTOPHER 2576 SW 9TH LANE OKEECHOBEE, FL 349744816	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARN, LARY R 2576 SW 9TH LANE OKEECHOBEE, FL 347944816	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T REED, BARON T 2576 SW 9TH LANE OKEECHOBEE, FL 349744816	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  CHRISTOPHER MANZ		1/5/04 863 467 0005
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0396779	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/09/04-80011-005 150.00

**DO NOT WRITE
IN THIS SPACE**