


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90050 025 \*\*\*150.00

<b>DOCUMENT # P02000018588</b>	
1. Entity Name <b>CHRISTOPHER MANZ, INC.</b>	

Principal Place of Business <b>2576 SW 9TH LANE OKEECHOBEE, FL 34974-4816</b>	Mailing Address <b>2576 SW 9TH LANE OKEECHOBEE, FL 34974-4816</b>
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**50006026**

2. Principal Place of Business <b>2437 SW 3RD TERRACE</b>	3. Mailing Address <b>PO BOX 636</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



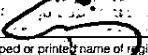
01192005 Chg-P CR2E034 (10/03)

City & State <b>OKEECHOBEE, FLORIDA</b>	City & State <b>OKEECHOBEE, FLORIDA</b>
Zip <b>34974</b>	Country <b>OKEECHOBEE</b>
City & State <b>OKEECHOBEE, FLORIDA</b>	City & State <b>OKEECHOBEE, FLORIDA</b>
Zip <b>34973-0636</b>	Country <b>OKEECHOBEE</b>

4. FEI Number <b>03-0396779</b>	Applied For <input type="checkbox"/> Not Applicable
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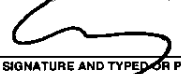
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MANZ, CHRISTOPHER 2576 SW 9TH LANE OKEECHOBEE, FL 34974-4816</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: 	DATE: <b>1/21/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANZ, CHRISTOPHER 2576 SW 9TH LANE OKEECHOBEE, FL 349744816 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARN, LARY R. 2576 SW 9TH LANE OKEECHOBEE, FL 347944816 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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
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
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
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:  <b>CHRISTOPHER MANZ</b>	DATE: <b>1/21/05</b> DAYTIME PHONE #: <b>863 467 0005</b>