


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90023 013 ***150.00

DOCUMENT # P02000023505	
1. Entity Name MANNA CAFE, INC.	

Principal Place of Business 3507 THOMASVILLE RD TALLAHASSEE FL 32309	Mailing Address 3507 THOMASVILLE RD TALLAHASSEE FL 32309
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

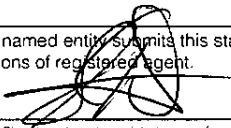


MOORE CR2E034 (11/03)

4. FEI Number 01-0613938	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desires <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent DUGGAR, STEPHEN JR 1342 PAWNEE PT. CT. TALLAHASSEE FL 32312	7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 3343 Bodmin Dr. City: Tallahassee, FL Zip Code: 32317
---	--

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: 4/8/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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: P NAME: DUGGAR, STEPHEN E JR STREET ADDRESS: 1342 PAWNEE PT. CT. CITY-ST-ZIP: TALLAHASSEE FL 32312	<input type="checkbox"/> Delete	TITLE: P NAME: DUGGAR, STEPHEN E JR. STREET ADDRESS: 3343 Bodmin Dr. CITY-ST-ZIP: Tallahassee, FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: DUGGAR, EVA STREET ADDRESS: 1342 PAWNEE PT. CT. CITY-ST-ZIP: TALLAHASSEE FL 32312	<input type="checkbox"/> Delete	TITLE: S NAME: DUGGAR, EVA STREET ADDRESS: 3457 PACES FERRY Rd. CITY-ST-ZIP: TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: BAILEY, GENNY STREET ADDRESS: 1342 PAWNEE PT. CT. CITY-ST-ZIP: TALLAHASSEE FL 32312	<input type="checkbox"/> Delete	TITLE: V NAME: BAILEY, GENNY STREET ADDRESS: 3451 CHAMBLEE RD. CITY-ST-ZIP: TALLAHASSEE, FL 32309	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-04

668-1968