2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000034010

1. Entity Name
MANAGEMENT & RESOURCE GATHERING, INC.

Principal Place of Business	Mailing Address
880 JUPITER DRIVE SUITE 5 JUPITER, FL 33458	880 JUPITER DRIVE SUITE 5 JUPITER, FL 33458

24043879

02172004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
01-0690672	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAILEY, RONALD B
8633 DAMASCUS DR.
PALM BEACH GARDENS, FL 33418

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (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	BAILEY, RONALD B
STREET ADDRESS	880 JUPITER DRIVE, STE 5
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	D
NAME	BAILEY, HOLLACE J
STREET ADDRESS	880 JUPITER PARK DR., STE 5
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/7/2004   561-744-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #