


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90203 008 ***150.00

DOCUMENT # P02000045632 1. Entity Name RED MANGO PROPERTIES, INC.			
Principal Place of Business 1617 NORTH FEDERAL HIGHWAY LAKE WORTH, FL 33460		Mailing Address POST OFFICE BOX 1380 LAKE WORTH, FL 33460	
2. Principal Place of Business 11350 METRO PARKWAY #109		3. Mailing Address PO BOX 933	
Suite, Apt. #, etc. 109		Suite, Apt. #, etc.	
City & State FT MYERS FL		City & State FT MYERS FL	
Zip 33912		Zip 33902	
Country		Country	
6. Name and Address of Current Registered Agent MCCARTY, DOUGLAS E 1617 NORTH FEDERAL HIGHWAY LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name EHMAN, WILLIAM W. Street Address (P.O. Box Number is Not Acceptable) 11350 METRO PARKWAY #109 City FT MYERS FL Zip Code 33912	
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 <u><i>William W. Ehma</i></u> President 4/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EHMAN, WILLIAM 3949 EVANS AVE #205 FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EHMAN, WILLIAM 11350 METRO PARKWAY #109 FT MYERS FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCCARTY, DOUGLAS 1617 N FEDERAL HWY LAKE WORTH, FL 33460 <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
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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: <u><i>William W. Ehma</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/04 (239) 277-0001 <small>Date Daytime Phone #</small>	



04222004 Chg-P CR2E034 (10/03)

4. FEI Number **33-1002268** Applied For ☐ Not Applicable

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