

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90273 013 ***150.00

DOCUMENT # P03000068181

1. Entity Name

MANNA COOKIE COMPANY, INC.



Principal Place of Business

11714 LAKE ASTON CT.
TAMPA FL 33626

Mailing Address

11714 LAKE ASTON CT.
TAMPA FL 33626

2. Principal Place of Business

11714 LAKE ASTON CT.

Suite, Apt. #, etc.

103

3. Mailing Address

11714 LAKE ASTON CT

Suite, Apt. #, etc.

103

City & State

Tampa FL

City & State

Tampa FL

Zip

33626

Country

Heilbrunn

Zip

33626

Country

Heilbrunn

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MCCOMB, RICHARD J
STREET ADDRESS 11714 LAKE ASTON CT.
CITY-ST-ZIP TAMPA FL 33626

TITLE VD ☐ Delete
NAME MAJESKI, CHARLES
STREET ADDRESS 11714 LAKE ASTON CT.
CITY-ST-ZIP TAMPA FL 33626

TITLE SD ☐ Delete
NAME COLLYMORE, CHARLES N
STREET ADDRESS 11714 LAKE ASTON CT.
CITY-ST-ZIP TAMPA FL 33626

TITLE TD ☐ Delete
NAME RAMJEET, JOHN
STREET ADDRESS 11714 LAKE ASTON CT.
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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)(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:

Richard J. McComb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-27-04

(813) 844-9536