

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90029 049 ***158.75

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000079206			
1. Entity Name MANASOTA TAX AND FINANCIAL SERVICES OF FLORIDA, INC.			
Principal Place of Business 5505 15TH STREET EAST C/O MANASOTA UNDERWRITERS BRADENTON, FL 34202		Mailing Address 5505 15TH STREET EAST C/O AUBRIAN MOONEY BRADENTON, FL 34202	
2. Principal Place of Business 5505 15th St East		3. Mailing Address 5505 15th St East	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton, Fla.		City & State Bradenton, Fla.	
Zip 34203	Country Monatec	Zip 34203	Country Monatec
4. FEI Number 57-1181622		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOONEY, AUBRIAN D 5505 15TH STREET EAST C/O MANASOTA BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name Aubrian D. Mooney Street Address (P.O. Box Number is Not Acceptable) 5505 15th St East City Bradenton FL 34203	
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>Aubrian D. Mooney</i></u> 1/4/05 <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, 2005 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	D MOONEY, AUBRIAN D 5505 15TH STREET EAST BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mooney, Aubrian D. 5505 15th St East Bradenton, Fla 34203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOONEY, SARADI E 4030 JENNY DR. LAKELAND, FL 33813 <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	D PONDER, LILLIE D 4030 JENNY DR. LAKELAND, FL 33813 <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: <u><i>Aubrian D. Mooney</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/4/05</u> (411) Daytime Phone # <u>81-7552</u> Director	