


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90539 009 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000107441 1. Entity Name MWB ENTERPRISES, INC.					
Principal Place of Business 1621 BOATHOUSE CIR #HA-123 SARASOTA, FL 34231			Mailing Address 1621 BOATHOUSE CIR #HA-123 SARASOTA, FL 34231		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0276876	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
RAJALA, TERESA L 720 S ORANGE AVE SARASOTA, FL 34236		Name CHRISTOPHER R. BATES Street Address (P.O. Box Number is Not Acceptable) 1621 BOATHOUSE CIR. #HA-123 City SARASOTA FL Zip Code 34231			
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 _____ <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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	PRESIDENT		
STREET ADDRESS		STREET ADDRESS	MARY W. BATES		
CITY-ST-ZIP		CITY-ST-ZIP	1621 BOATHOUSE CIR. #HA-123		
CITY-ST-ZIP		CITY-ST-ZIP	SARASOTA, FL 34231		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	SECRETARY / TREASURER		
STREET ADDRESS		STREET ADDRESS	MARY W. BATES		
CITY-ST-ZIP		CITY-ST-ZIP	1621 BOATHOUSE CIR. #HA-123		
CITY-ST-ZIP		CITY-ST-ZIP	SARASOTA, FL 34231		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>Mary W. Bates</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARY W. BATES		Date 4/19/04	Daytime Phone # 941/953-5757