

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

04-23-2004 90260 011 ***150.00

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01232004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000148739					
1. Entity Name MANGUM, INC.					
Principal Place of Business 1466 LONGHORN ROAD MIDDLEBURG, FL 32068			Mailing Address 1466 LONGHORN ROAD MIDDLEBURG, FL 32068		
2. Principal Place of Business			3. Mailing Address		
Suite Apt # etc.			Suite Apt. # etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 26-0076380				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANGUM, GEORGE E 1466 LONGHORN ROAD MIDDLEBURG, FL 32068			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/On
NAME	MANGUM, GEORGE E			NAME	
STREET ADDRESS	1466 LONGHORN ROAD			STREET ADDRESS	
CITY ST ZIP	MIDDLEBURG, FL 32068			CITY ST ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/On
NAME	MANGUM, JUANICE T			NAME	
STREET ADDRESS	1466 LONGHORN ROAD			STREET ADDRESS	
CITY ST ZIP	MIDDLEBURG, FL 32068			CITY ST ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/On
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"/> Add/On
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"/> Add/On
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)(c) Florida Statutes. I further certify that the information indicated on this report or subsequent reports 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 a other fee empowered					
SIGNATURE: <u>George E. Mangum</u> _____ NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

4/20/04 904 # 8874542
 WK/406 2503
 WK/406 4451