



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90425 035 ***150.00

DOCUMENT # P04000055032					
1. Entity Name MNE, INCORPORATED					
Principal Place of Business 2285 CAPRI CT. NAPLES, FL 34105			Mailing Address 2285 CAPRI CT. NAPLES, FL 34105		
2. Principal Place of Business 998 Hidden Terr Rd		3. Mailing Address 998 Hidden Terr Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292005 Chg-P CR2E034 (10/03)	
City & State Naples, Florida		City & State Naples FL		4. FEI Number 20-0932795	
Zip 34104		Country USA		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHMIDT, VIRGINIA 2285 CAPRI CT. NAPLES, FL 34105			7. Name and Address of New Registered Agent Name VIRGINIA Schmidt Street Address (P.O. Box Number is Not Acceptable) 998 Hidden Terr Rd City Naples FL Zip Code 34104		
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 Virginia Schmidt <small>Signature, typed or printed name of registered agent and file if applicable.</small>			DATE 4-28-05 <small>(NOTE: Registered Agent signature required when reinstating)</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	P SCHMIDT, VIRGINIA 2285 CAPRI CT NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President VIRGINIA Schmidt 998 Hidden Terr Rd Naples, FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHMIDT, VIRGINIA 2285 CAPRI CT NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. James Schmidt 998 Hidden Terr Rd Naples, FL 34104	<input checked="" 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: Virginia Schmidt <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-28-05 Daytime Phone # 239 250-4173		