

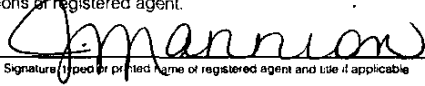
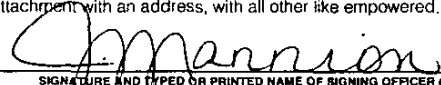


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90220 043 ***150.00

DOCUMENT # P04000124113 1. Entity Name JENNIFER A. MANNION, P.A.					
Principal Place of Business 1814 HAMMOCK PINE BOULEVARD CLEARWATER, FL 33761 US			Mailing Address 1814 HAMMOCK PINE BOULEVARD CLEARWATER, FL 33761 US		
2. Principal Place of Business 12131 FOX BLOOM AVE. Suite, Apt. #, etc.		3. Mailing Address 12131 FOX BLOOM AVE. Suite, Apt. #, etc.		50052058 	
City & State GIBSONTON, FL		City & State GIBSONTON, FL		4. FEI Number 20-1707884	
Zip 33534		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANNION, JENNIFER A 1814 HAMMOCK PINE BOULEVARD CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name JENNIFER A. MANNION Street Address (P.O. Box Number is Not Acceptable) 12131 FOX BLOOM AVENUE City GIBSONTON FL Zip Code 33534		
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  JENNIFER A. MANNION 5-6-05 <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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANNION, JENNIFER A 1814 HAMMOCK PINE BOULEVARD CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANNION, JENNIFER A 12131 FOX BLOOM AVE. GIBSONTON, FL 33534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANNION, JENNIFER A 1814 HAMMOCK PINE BOULEVARD CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANNION, JENNIFER A 12131 FOX BLOOM AVE. GIBSONTON, FL 33534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:  JENNIFER A. MANNION 5-6-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

727 433 5366