

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90323 033 \*\*\*150.00

**DOCUMENT # P04000142331**

1. Entity Name

DAVID MUTISO MASAKU AFRICAN HERITAGE, INC.



Principal Place of Business

138 LAUREL RIDGE PASS  
DAVENPORT FL 33897  
US

Mailing Address

138 LAUREL RIDGE PASS  
DAVENPORT FL 33897  
US

2. Principal Place of Business

419 RESWICK AVE

Suite, Apt. #, etc.

3. Mailing Address

419 RESWICK AVE

Suite, Apt. #, etc.

City & State

DAVENPORT, FL

City & State

DAVENPORT, FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUTISO, ANDREW  
138 LAUREL RIDGE PASS  
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name

Andrew Mutiso

Street Address (P.O. Box Number is Not Acceptable)

419 RESWICK AVE

City

DAVENPORT

FL

Zip Code

33837

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
MASAKU, DAVID M  
138 LAUREL RIDGE PASS  
DAVENPORT FL 33897 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
MUTISO, ANDREW  
138 LAUREL RIDGE PASS  
ORLANDO FL 33897 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Mutiso

Date

Daytime Phone #