## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 01, 2005 08:00 AM Secretary of State

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DOCUMENT # P93000040571  1. Entity Name MANSU CORPORATION				Secretary of Sta	at
Principal Plac	e of Business	Mailing Address			
299 ROSEHI		299 ROSEHILL DR			
	E, FL 32312 US	TALLAHASSEE, FL 32	2312 US		
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	FOR EXAMPLE ARRESTMENT	RES ERRIES SER	ar a mining state of the state	4. FEI Number   Applied For   59-3186370   Not Applical	
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I	i grande		The state of the state of	5. Certificate of Status Desired	
	C. Name and Saldrage of Covered De	alotared Apont		2 - Certequiree	
	5. Name and Address of Current Re	distered Adeur	testes with the	every many many many many many many many man	
ZENSEN,	DENNIS		· ·	PLAN A FANNE VAS PROSPES	
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	SSEE, FL 32312			AR S MANA SEAL MARKET TO THE COME	
., (22)	0012,11 02012			IN THIS SPACE	
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				The control of the co	. ess.
8. The above	named entity submits this statement for t	he purpose of changing it	ts registered office or register	red agent, or both, in the State of Florida. I am familiar with, and acce	pt
the obligat	tions of registered agent.				
				en e	
SIGNATURE.	Signature, typed or printed name of registered agent and	I life if applicable. (NO	TE: Registered Agent signature required	d when reinstating) DATE	
		<del>~~</del>			
En	E NOW!!! FEE IS \$150.00	9. Election Campa	aign Financing\$5	.00 May Be	
	ay 1, 2005 Fee will be \$550.00	Trust Fund Cor	ntribution. $\square$ Add	ded to Fees	
	0550500 (110.0)	2507000			
10.	OFFICERS AND DI	RECTURS		And the second s	
TITLE	D SENDEN BENNIE				
NAME	ZENSEN, DENNIS				
STREET ADDRESS	299 ROSEHILL DR			Hannanagaca	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		<u>.                                    </u>	U00000208262 02/01/05-80079-007 150.00	
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NAME	ZENSEN, CAROL	-	•		
STREET ADDRESS	299 ROSEHILL DR		<u> </u>		
CITY-ST-ZIP	TALLAHASSEE, FL 32312				
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12. Thereby certify that the information supplied with this filling 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:

Course 2000, Acity Treasurer SIGNATURE AND TYPED ORDINATED NAME OF SIGNING OFFICER ONDIFICETOR

1/3/105

850 894-5719 Daytume Phone #