

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90100 010 ***150.00

DOCUMENT # P93000072118													
1. Entity Name MACNO MANAGEMENT CORP.													
Principal Place of Business 231-B RACETRACK RD N.W. FORT WALTON BEACH, FL 32547 US			Mailing Address 231-B RACETRACK RD N.W. FORT WALTON BEACH, FL 32547 US										
2. Principal Place of Business 1567 Cedar St. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1567 Cedar St. <small>Suite, Apt. #, etc.</small>		44029541 									
City & State Niceville, FL		City & State Niceville, FL		4. FEI Number 59-3216757									
Zip 32578		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent OSMAN, L M 1474-A W. 84TH ST. HIALEAH, FL 33014			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">Name</td></tr> <tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td colspan="2">City</td></tr> <tr> <td style="width: 50%;">FL</td> <td>Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code
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. <table style="width:100%;"> <tr> <td style="width: 40%;">SIGNATURE _____</td> <td style="width: 20%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="width: 40%; text-align: right;">DATE _____</td> </tr> </table>						SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____					
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	NOBLES, MICHAEL		NAME										
STREET ADDRESS	1118 RHONDA DR		STREET ADDRESS										
CITY-ST-ZIP	NICEVILLE, FL		CITY-ST-ZIP										
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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"/> Addition									
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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)(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: <i>Michael S. Nobles</i>			4-7-04 8501729-7849										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>										