2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 13, 2004 08:00 AM_Secretary of State DOCUMENT # P95000082573 1. Entity Name MOONEY ENTERPRISES, INC. Principal Place of Business Mailing Address 1211 W FLETCHER AVE 1211 W FLETCHER AVE TAMPA, FL 33612 US TAMPA, FL 33612 US CR2E034 (10/03) 01192004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3349554 Not Applicable \$8.75 Additional Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE MOONEY, MARK F 1211 W FLETCHER AVE TAMPA, FL 33612 IN THIS SPACE 8. The above named onliny 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. (NOTE: Registered Agent argnature required when rejustering) Signature, typed or printed name of registered agent and title if applicable. DATE ummoonn50718 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 UZ/18/04-80021-023 **150.00** Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NEUMAN, JO-ELLEN MAME STREET ADDRESS 1211 W FLETCHER AVE CRY-ST-ZIP TAMPA, FL VSTD क्रमह MOONEY, MARK F NAME 1211 W FLETCHER AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL) iilg giplimikiaabaa laabaala, yoo taa la aabaasaa TOLE DO NOT WRITE STREET ADDRESS CHTY-ST-ZIP IN THIS SPACE TITEE NAME STREET ADDRESS CITY-ST-ZIP TETLE

12. Thereby certify that the information supplied with this filling does not quality 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 of trustee empowered to execute this report as required by Chapter 507, 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

dec Mark F. Mooney

.813-265-3120

FILED