

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000013008

1. Entity Name
MANSION MINDERS, INC.



Principal Place of Business

3200 SAN PEDRO ST
TAMPA, FL 33629

Mailing Address

3225 SO MACDILL AVE, SUITE 129
TAMPA, FL 33629-8171



04242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3381003

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOBSON, STEPHANIE
3200 SAN PEDRO
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOBSON, STEPHANIE
STREET ADDRESS 3225 SO MACDILL AVE, SUITE 129
CITY-ST-ZIP TAMPA, FL 336298171

TITLE D
NAME SHANNON, D.M.
STREET ADDRESS 813 S. 92ND STREET
CITY-ST-ZIP DMAHA, NE 68114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: Stephanie Hobson STEPHANIE HOBSON 4/27/04 813/293-6784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #