


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000088365</b>	
1. Entity Name <b>THE MANGO RIVER CORP.</b>	

Principal Place of Business <b>3301 58TH AVE. SOUTH APT. 104 ST. PETERSBURG, FL 33712</b>	Mailing Address <b>3301 58TH AVE. SOUTH APT. 104 ST. PETERSBURG, FL 33712</b>
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**DO NOT WRITE IN THIS SPACE**



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3412892</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MOSS, HUGH  
WHITEHALL GARDEN APTS.  
3301 58TH AVE., SOUTH, APT. 104  
ST. PETERSBURG, FL 33712**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOSS, HUGH 3301 58TH AVE S APT 104 SAINT PETERSBURG, FL 337124548
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02/27/04-80038-023 150.00

**SIGN HERE**

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:** Hugh Moss Hugh Moss Feb 23 04 215 5454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #