


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90037 023 ***150.00

DOCUMENT # P98000060127

1. Entity Name
MANAGEMENT ONE, INC.



Principal Place of Business Mailing Address
25413 WATERBROOK COURT LEESBURG, FL 34748 **25413 WATERBROOK COURT LEESBURG, FL 34748**

2. Principal Place of Business 3. Mailing Address
4900 LONG MEADOW DRIVE **4900 LONG MEADOW DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LEESBURG, FL **LEESBURG, FL**

Zip Country Zip Country
34748 **34748**



01172004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3527198 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
MESSINA, NOREEN
25413 WATERBROOK COURT
LEESBURG, FL 34748

7. Name and Address of New Registered Agent
 Name: **MESSINA, NOREEN**
 Street Address (P.O. Box Number is Not Acceptable): **4900 LONG MEADOW DRIVE**
 City: **LEESBURG** FL Zip Code: **34748**

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 reappointing.) DATE _____

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	MESSINA, NOREEN	
STREET ADDRESS	25413 WATERBROOK COURT	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MESSINA, JOSEPH	
STREET ADDRESS	25413 WATERBROOK COURT	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSINA, NOREEN	
STREET ADDRESS	4900 LONG MEADOW DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSINA, JOSEPH	
STREET ADDRESS	4900 LONG MEADOW DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Noreen Messina **NOREEN MESSINA** 1/19/04 352-314-0034
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #