

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000007586

1. Entity Name  
 MAHAN ENTERPRISES, INC.



Principal Place of Business  
 163 FLORENCE DRIVE  
 JUPITER, FL 33467

Mailing Address  
 7282 MICHIGAN ISLE ROAD  
 JUPITER, FL 33458



04082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0892406	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHAN, MICHAEL S  
 163 FLORENCE DRIVE  
 JUPITER, FL 33458

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	MRS.
NAME	MAHAN, SHELBY B VP
STREET ADDRESS	163 FLORENCE DRIVE
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	MR.
NAME	MAHAN, MICHAEL S PRES
STREET ADDRESS	163 FLORENCE DRIVE
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

00000355169  
 05/03/05-80136-019 150.00

**DO NOT WRITE 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)(f), 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: *Shelby Mahan* Shelby Mahan 4/29/05 561-694-2789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #