


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90117 013 ***150.00

DOCUMENT # P99000056046		
1. Entity Name GORDON MCMANN, INC.		

Principal Place of Business 5046 VALIMOR DR. HOLIDAY, FL 34690	Mailing Address 9300 REGENCY PACK BLVD. PORT RICHEY, FL 34668
--	---

440J4400



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06082004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3579717	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	
MCMANN, GORDON 5046 VALIMOR DR. HOLIDAY, FL 34690	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: <i>Gordon McMann</i>	DATE: 9/1/04

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	-----------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	TITLE	
NAME	MCMANN, GORDON	NAME	
STREET ADDRESS	5046 VALIMOR DR.	STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 34690	CITY-ST-ZIP	
TITLE	VPT	TITLE	
NAME	JONES, RANDALL	NAME	
STREET ADDRESS	1106 E LINE STREET	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Gordon McMann</i>	DATE: 9/1/04 727-281482