

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90025 036 ***150.00

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03272005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000076360

1. Entity Name
R. SETH MANN, P.A.



Principal Place of Business
**37941 E. MERIDIAN AVE.
DADE CITY, FL 33523**

Mailing Address
**37941 E. MERIDIAN AVE.
DADE CITY, FL 33523**

2. Principal Place of Business
38109 PASCO AVE
Suite, Apt. #, etc.

3. Mailing Address
38109 PASCO AVE
Suite, Apt. #, etc.

City & State
DADE CITY, FL
Zip
33525 Country
PASCO

City & State
DADE CITY, FL
Zip
33525 Country
PASCO

4. FEI Number
65-0942660

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MANN, R. SETH ESQ.
37941 E. MERIDIAN AVE.
DADE CITY, FL 33523**

7. Name and Address of New Registered Agent
Name
R. SETH MANN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
38109 PASCO AVE
City
DADE CITY FL Zip Code
33525

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 DATE **3-27-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANN, R. SETH 19345 ARGUS DRIVE DADE CITY, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: PD, R. SETH MANN 3/27/05 (352) 567-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #