

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000081617

FILED
Jan 17, 2004
Secretary of State

Entity Name: PRSE MANAGEMENT INC.

Current Principal Place of Business:

10861 75 ST N
LARGO, FL 33777

New Principal Place of Business:

Current Mailing Address:

10861 75 ST N
LARGO, FL 33777

New Mailing Address:

FEI Number: 59-3597919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARKEY, MAUREEN
10861 75TH STREET NORTH
LARGO, FL 33777

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHARKEY, MAUREEN
Address: 1387 VENTNOR AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD () Delete
Name: BARKER, PATRICIA
Address: 730 ROSER PARK DR S
City-St-Zip: ST PETERSBURG, FL 33701

Title: SD () Delete
Name: GODIN, THERESA
Address: 13815 84TH TERR N
City-St-Zip: SEMINOLE, FL 33776

Title: TD () Delete
Name: WEIBEL, ROSEANN
Address: 13815 84TH TERR N
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BARKER, PATRICIA
Address: 945 PINELLAS BAYWAY #202
City-St-Zip: TIERRA VERDE, FL 33715

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN SHARKEY

PD

01/17/2004

Electronic Signature of Signing Officer or Director

_____ Date