

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 819670

1. Entity Name
MANTUA MFG. CO.



Principal Place of Business
**7900 NORTHFIELD RD
WALTON HILLS, OH 44146-5525 US**

Mailing Address
**7900 NORTHFIELD RD
WALTON HILLS, OH 44146-5525 US**



03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-0768831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOSLER, MICHAEL
6911 ADAMO RD
TAMPA, FL 33619**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEINTRAUB, EDWARD
STREET ADDRESS	7900 NORTHFIELD RD
CITY-ST-ZIP	WALTON HILLS, OH 44146
TITLE	SD
NAME	LASKY, FRAN
STREET ADDRESS	14540 RUSSELL LANE
CITY-ST-ZIP	NOVELTY, OH 44072
TITLE	D
NAME	BOSLER, MICHAEL
STREET ADDRESS	6911 ADAMO DRIVE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000763931
05/30/07-80035-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward Weintraub **EDWARD WEINTRAUB** 3/9/07 232-8865 (440)