

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002864

Entity Name: DAVID MENNA COMPANY

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

1955 LOWER ROSWELL ROAD  
SUITE A  
MARIETTA, GA 30068

**New Principal Place of Business:**

**Current Mailing Address:**

1955 LOWER ROSWELL ROAD  
SUITE A  
MARIETTA, GA 30068

**New Mailing Address:**

FEI Number: 58-2279435      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COTTRELL, BENJAMIN J  
809 WALKERBILT ROAD  
SUITE 5  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

TAX ACCOUNTING & FINANCIAL ASSOCIATES INC.  
809 WALKERBILT ROAD  
SUITE 5  
NAPLES, FL 34110 US

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: BENJAMIN J. COTTRELL      04/29/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CHRM ( ) Delete  
Name: MENNA, DAVID C  
Address: 1955 LOWER ROSWELL ROAD - SUITE A  
City-St-Zip: MARIETTA, GA 30068

Title: PS ( ) Delete  
Name: MENNA, DAVID C  
Address: 1955 LOWER ROSWELL ROAD - SUITE A  
City-St-Zip: MARIETTA, GA 30068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated 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 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: DAVID C. MENNA      CHRM      04/29/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date