2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 08:00 AM
Secretary of State

DOCUMENT # H90415

1. Entity Name
T.C. MANN, INC.

Principal Place of Business	Mailing Address
1001 N AMERICA WAY 107 MIAMI, FL 33132	1001 N AMERICA WAY 107 MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE

06302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2618358
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANN, THOMAS C.
1001 N AMERICA WAY
UNIT 107
MIAMI, FL 33132

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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
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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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

TITLE	PD
NAME	MANN, THOMAS C.
STREET ADDRESS	1001 N AMERICA WAY 107
CITY-ST-ZIP	MIAMI, FL
TITLE	ST
NAME	COLEMAN, WILLIAM T.
STREET ADDRESS	5100 NO. FEDERAL HWY
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	MCGOVERN, JOHN (JACK)
STREET ADDRESS	1877 S. BAYSHORE LANE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/03/06-80005-010 150.00

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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: J.C.M 7.1.06 305-577-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #