

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055359

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: FPL MAMONAL, INC.

## Current Principal Place of Business:

700 UNIVERSE BOULEVARD  
JUNO BEACH, FL 33408

## New Principal Place of Business:

## Current Mailing Address:

ATTN: RITA W. COSTANTINO  
700 UNIVERSE BOULEVARD  
JUNO BEACH, FL 33408

## New Mailing Address:

FEI Number: 65-0683833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEON, J E  
9250 WEST FLAGLER ST  
MIAMI, FL 33174 US

## 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: DP ( ) Delete  
Name: LEIGHTON, MICHEAL L  
Address: 700 UNIVERSE BOULEVARD  
City-St-Zip: JUNO BEACH, FL 33408

Title: DVT ( ) Delete  
Name: SORENSEN, MARK R  
Address: 700 UNIVERSE BLVD.  
City-St-Zip: JUNO BEACH, FL 33408

Title: S ( ) Delete  
Name: SCHULTZ, CHARLES S  
Address: 700 UNIVERSE BLVD.  
City-St-Zip: JUNO BEACH, FL 33408

Title: AS ( ) Delete  
Name: COSTANTINO, RITA W  
Address: 700 UNIVERSE BLVD.  
City-St-Zip: JUNO BEACH, FL 33408

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: LEIGHTON, MICHAEL L  
Address: 700 UNIVERSE BOULEVARD  
City-St-Zip: JUNO BEACH, FL 33408

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

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: RITA W. COSTANTINO

AS

03/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date