


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90034 002 \*\*\*150.00

**DOCUMENT # P04000167388**

1. Entity Name  
**DANIEL MANGAOANG, INC.**



Principal Place of Business: **8331 JUSTIN ROAD SOUTH JACKSONVILLE, FL 32210**

Mailing Address: **POST OFFICE BOX 14175 JACKSONVILLE, FL 32238**

**50034849**



2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

03012005 Chg-P CR2E034 (10/03)


4. FEI Number: **20-2016797** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**MANGAOANG, DANIEL**  
**8331 JUSTIN ROAD SOUTH**  
**JACKSONVILLE, FL 32210**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: **3-21-05**

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 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MANGAOANG, DANIEL	
STREET ADDRESS	POST OFFICE BOX 14175	
CITY-ST-ZIP	JACKSONVILLE, FL 32238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	NA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	NA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	NA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	NA	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	NA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	NA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	NA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	NA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	NA	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE: **3-21-05** DAYTIME PHONE #: **904 378 6305**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR