

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90403 002 ***150.00

DOCUMENT # 268362

1. Entity Name

MANKO CO



Principal Place of Business

20985 W HWY 40
P.O. BOX 369
DUNNELLON FL 34430
US

Mailing Address

20985 W HWY 40
P.O. BOX 369
DUNNELLON FL 34430
US

94078299



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0999683

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDY, THOMAS L.
20985 W HWY 40
P.O. BOX 369
DUNNELLON FL 34430

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SANDY, THOMAS
STREET ADDRESS 20985 W HWY 40
CITY-ST-ZIP DUNNELLON FL ☐ Delete

TITLE D
NAME NEAL, SANDY, JOHN
STREET ADDRESS 5175 SE 20TH ST
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE D
NAME CAMP, KEVIN B
STREET ADDRESS 20985 W HWY 40
CITY-ST-ZIP DUNNELLON FL ☐ Delete

TITLE STD
NAME CAMP, GENE
STREET ADDRESS 20985 W HWY 40
CITY-ST-ZIP DUNNELLON FL ☐ Delete

TITLE DVP
NAME MCINTOSH, GAY C
STREET ADDRESS 20985 W HWY 40
CITY-ST-ZIP DUNNELLON FL ☐ Delete

TITLE D
NAME ELLIOTT, W.R. III
STREET ADDRESS 2124 SE 12TH STREET
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04 352-489-2563