

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 268362

Entity Name: MANKO CO

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0999683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDY, THOMAS L.
20985 W HWY 40
P.O.BOX 369
DUNNELLON, FL 34430 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: PD () Delete
Name: SANDY, THOMAS,
Address: 20985 W HWY 40
City-St-Zip: DUNNELLON, FL

Title: D () Delete
Name: NEAL, SANDY, JOHN
Address: 5175 SE 20TH ST
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: CAMP, KEVIN B
Address: 20985 W HWY 40
City-St-Zip: DUNNELON, FL

Title: STD () Delete
Name: CAMP, GENE,
Address: 20985 W HWY 40
City-St-Zip: DUNNELLON, FL

Title: DVP () Delete
Name: MCINTOSH, GAY C
Address: 20985 W HWY 40
City-St-Zip: DUNNELLON, FL

Title: DVP () Delete
Name: ELLIOTT, W.R. III
Address: 2124 SE 12TH STREEET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: DVP (X) Change () Addition
Name: CAMP, GAY
Address: 20985 W HWY 40
City-St-Zip: DUNNELLON, FL

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 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: THOMAS SANDY

PD

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date