


2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90027 050 ***150.00

DOCUMENT # 481360 1. Entity Name MANN MECHANICAL SERVICES, INC.			
Principal Place of Business MANN MECHANICAL SERVICES 300 N TARRAGONA ST PENSACOLA, FL 32501 US		Mailing Address MANN MECHANICAL SERVICES P.O BOX 772 GULF BREEZE, FL 32562-0772 US	
2. Principal Place of Business <i>Mann Mechanical Services</i> Suite, Apt. #, etc. 300 N. Tarragona St City & State Pensacola, FL Zip 32501 Country USA		3. Mailing Address <i>Mann Mechanical Services</i> Suite, Apt. #, etc. PO Box 772 City & State Gulf Breeze FL Zip 32562-0772 Country USA	
4. FEI Number 03252005 Chg-P CR2E034 (10/03) 59-1615747		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FONTAINE, MICHAEL J 2404 EMILY DRIVE PENSACOLA, FL 32504		7. Name and Address of New Registered Agent Name <i>William Mann</i> Street Address (P.O. Box Number is Not Acceptable) 411 Williamsburg Dr. City <i>Gulf Breeze</i> FL Zip Code <i>32561</i>	
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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		<i>William Mann Secretary 3-25-05</i> (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANN, ROBERT C <input type="checkbox"/> Delete 411 WILLIAMSBURG DR GULF BREEZE, FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FONTAINE, MICHAEL J <input checked="" type="checkbox"/> Delete 2404 EMILY DRIVE PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> William Mann <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 411 Williamsburg Dr. Gulf Breeze, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FONTAINE, MICHAEL J <input checked="" type="checkbox"/> Delete 2404 EMILY DRIVE PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>William Mann</i> 3-25-05 850-432-4556 Date Daytime Phone #	

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