

# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-29-2005 90027 050 \*\*\*150.00

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

**50031951**



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