

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90354 002 ***158.75

DOCUMENT # 487577

1. Entity Name
MANGROVE SYSTEMS, INC.



Principal Place of Business
**217 HOBBS STREET
SUITE 101
TAMPA, FL 33619**

Mailing Address
**217 HOBBS STREET
SUITE 101
TAMPA, FL 33619**



2. Principal Place of Business
3920 PREMIER NORTH DRIVE

3. Mailing Address
3920 PREMIER NORTH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005 Chg-P CR2E034 (10/03)

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-1647474

Applied For
Not Applicable

Zip
33618

Country
USA

Zip
33618

Country
USA

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

**ED SAVITZ
220 S. FRANKLIN ST.
TAMPA, FL 33602**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$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
**ST
ROBERT L. WHITMAN
217 HOBBS ST 11 STE 101
TAMPA, FL 33619**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/S/T
ROBERT L. WHITMAN
3920 PREMIER NORTH DRIVE
TAMPA FL 33618**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

ROBERT L. WHITMAN

OR 4/25/05 813 514 4290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #