

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 525579

1. Entity Name
MANGROVE DEVELOPMENT CORP.



Principal Place of Business
3230 S. RIDGEWOOD AVE.
SOUTH DAYTONA, FL 32119-3550

Mailing Address
3230 S. RIDGEWOOD AVE.
SOUTH DAYTONA, FL 32119-3550

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1718268	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIANO, VALENTINO R.
3230 S. RIDGEWOOD AVE.
SOUTH DAYTONA, FL 32119

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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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIANO, VALENTINO R 3230 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32019
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FIANO, PAULA E. 3230 S RIDGEWOOD AVE SOUTH DAYTONA, FL 32019
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Paula Jean V.P. Paula Fiano 1-19-05 386-767-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #