

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 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**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U00000379378
01/10/06-80020-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FIANO, VALENTINO R
STREET ADDRESS	3230 S RIDGEWOOD AVE
CITY-STATE-ZIP	SOUTH DAYTONA, FL 32019
TITLE	VST
NAME	FIANO, PAULA E.
STREET ADDRESS	3230 S RIDGEWOOD AVE
CITY-STATE-ZIP	SOUTH DAYTONA, FL 32019
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attached sheet with an address, with all other like empowered.

SIGNATURE: *Paula Fiano* *1-6-06* *356-780-766*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PAULA FIANO** Daytime Phone #