

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90042 009 ***150.00

DOCUMENT # 633509

1. Entity Name

MANTOVANI INVESTMENTS, INC.



Principal Place of Business

~~BOX 618127~~
~~ORLANDO FL 32861~~

Mailing Address

~~BOX 618127~~
~~ORLANDO FL 32861~~

50016172



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

P.O. BOX 33719

3. Mailing Address

P.O. BOX 33719

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS

City & State

PALM BEACH GARDENS

Zip

33420

Country

FLORIDA

Zip

33420

Country

FLORIDA

4. FEI Number

59-1933074

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

764 HARBOUR ISLE COURT

City

NORTH PALM BEACH

FL

Zip Code

33410

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

ROBERT A. MANTOVANI

Signature, typed or printed name of registered agent and title if applicable

[Signature]

(NOTE: Registered Agent signature required when reinstating)

2-8-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME MANTOVANI, ROBERT A
STREET ADDRESS 764 HARBOUR ISLES CT
CITY-ST-ZIP NORTH PALM BEACH FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MANTOVANI, AGATHA E
STREET ADDRESS 764 HARBOUR ISLES CT
CITY-ST-ZIP NORTH PALM BEACH FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 A. MANTOVANI PRES. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-05 561 630-7701