


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90016 049 ***150.00

DOCUMENT # 650342

1. Entity Name
MANNE PROPERTIES, INC.



Principal Place of Business Mailing Address

750 E SAMPLE RD BLDG S STE 210 750 E SAMPLE RD BLDG S STE 210
 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2816 NE 35 Court **2816 NE 35 Court**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

Ft. Lauderdale, FL **Ft. Lauderdale FL**

Zip Country Zip Country

33308 **USA** **33308** **USA**

4. FEI Number Applied For

59-1961390 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANNE, LEE
 750 E SAMPLE RD BLDG 2 STE 210
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name **Leslie Manne**

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

2816 NE 35 Court

City State Zip Code

Ft. Lauderdale FL 33308

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 **Leslie Manne, Leslie Manne** **Feb. 27, 2008**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNE, LEE	NAME	Manne Lee
STREET ADDRESS	750 E SAMPLE RD BLDG 2 STE 210	STREET ADDRESS	2816 NE 35 Court
CITY-ST-ZIP	POMPANO BEACH FL 33064	CITY-ST-ZIP	Ft. Lauderdale FL 33308
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNE, LESLIE	NAME	Manne, Leslie
STREET ADDRESS	750 E SAMPLE RD BLDG 2 STE 210	STREET ADDRESS	2816 NE 35 Court
CITY-ST-ZIP	POMPANO BEACH FL 33064	CITY-ST-ZIP	Ft. Lauderdale FL 33308
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: **Leslie Manne, Leslie Manne** **Feb 27, 2008** **954 563-8611**

Signature and typed or printed name of signing officer or director Date Daytime Phone #