

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90190 003 ***150.00

DOCUMENT #665133

1. Entity Name
MANN & ASSOCIATES, INC.



Principal Place of Business
**13065 N TELCOM PKWY
TAMPA, FL 33637**

Mailing Address
**P.O. BOX 16027
TEMPLE TERRACE, FL 33617**

40050611



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

3. Mailing Address
P.O. Box 16010

01112007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Temple Terrace Fl.

4. FEI Number
59-1980207

Applied For
Not Applicable

Zip

Country

Zip

33687

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANN, EVERETT C JR
19127 WHITE WING PL
TAMPA, FL 33647**

7. Name and Address of New Registered Agent

Name **Gerald R. MANN**
Street Address (P.O. Box Number is Not Acceptable)
513 TERRACE HILL DR.
City **Temple Terrace** FL Zip Code **33617**

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **MANN, FRANCES S.**
STREET ADDRESS **313 SLEEPY HOLLOW AVE.**
CITY - ST - ZIP **TEMPLE TERRACE, FL 33617**

TITLE **S** ☒ Delete
NAME **MANN, GERALD R**
STREET ADDRESS **513 TERRACE HILL DR.**
CITY - ST - ZIP **TAMPA, FL 33617**

TITLE **T** ☒ Delete
NAME **MANN, EVERETT C JR**
STREET ADDRESS **19127 WHITE WING PL**
CITY - ST - ZIP **TAMPA, FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **GERALD R MANN**
STREET ADDRESS **513 TERRACE HILL DR**
CITY - ST - ZIP **TEMPLE TERRACE, FL 33617**

TITLE **VP** ☒ Change ☐ Addition
NAME **EVERETT C. MANN JR**
STREET ADDRESS **19127 WHITE WING PL**
CITY - ST - ZIP **TAMPA FL 33647**

TITLE **SIT** ☐ Change ☒ Addition
NAME **MARIE B. MANN**
STREET ADDRESS **513 TERRACE HILL DR.**
CITY - ST - ZIP **TEMPLE TERRACE FL 33617**

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

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

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 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 attachment with an address, with all other like empowered.

SIGNATURE: **Marie B. Mann**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/15/07** Daytime Phone # **813-989-3791**