## 2004 FOR PROFIT CORPORATION

## FILED Mar 10, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # F04925 1. Entity Name MANLEY-DE BOER, INC. Principal Place of Business Mailing Address 1109 EATON ST 1109 EATON ST KEY WEST, FL 33040 US KEY WEST, FL 33040 US 03092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2034840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DE BOER, ERIK DO NOT WRITE **1411 PINE ST** KEY WEST, FL 33040 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, (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. \$ 150.00 fee Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DEBOER, ERIK U00000083848 STREET ADDRESS **1411 PINE ST** 03/10/04-80056-010 150.00 KEY WEST, FL 33040 CITY-ST-ZIP MANLEY, RICHARD L. NAME STREET ADDRESS 1701 BAHAMA ST KEY WEST, FL CATY-ST-ZEP TRILE WIGHTMAN, CAROL A NAME STREET ADDRESS 108 FRONT ST DO NOT WRITE CITY-SY-7IP KEY WEST, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS