2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F04925

1. Entity Name



FILED Feb 25, 2008 8:00 am Secretary of State

MANLEY-DE BOER, INC.					02-25-2008 900/3 033 ***150.00					
Principal Place 1109 EATON KEY WEST, FL	TZ	Mailing Address 1109 EATON ST KEY WEST, FL 33040 US								
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02202008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		:	4. FEI Number 59-203				plied For Applicable	
Zip	Country	Zip	Country			of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	Registered A	gent		
25 2052; 5014				Name						
DE BOER, 1411 PINE KEY WEST			Street Address			(P.O. Box Number is Not Acceptable)				
	•									
			City	·			FL	Zip Code	•	
	named entity submits this statement from of registered agent.	or the purpose of changing its re	egistered office	or register	red agent, or bo	th, in the State of FI	orida. I am fa	amiliar with,	end accept	
SIGNATURE_	Signature, typed or printed name of registered agen	t and little if proficeble (NOTE:	Registered Agent sign	naturé réduired	(when reinstation)		DATE			
	Signature, types or printed hartis or registered agent	Tallo did ii applicatio.	- Iogistarios Agent argi		, , , , , , , , , , , , , , , , , , , ,					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campaig Trust Fund Contrib			.00 May Be led to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS,	CHANGES TO OFF	FICERS AND	DIRECTORS	SIN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEBOER, ERIK 1411 PINE ST KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	s				☐ Change	☐ Addition	
TITLE NAME	VS MANLEY, RICHARD L.	☐ Delete	TITLE .					☐ Change	Addition	
STREET ADDRESS CIFY-ST-ZIP	3726 SUNRISE LANE KEY WEST, FL		STREET ADDRESS	s						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIGHTMAN, CAROL A 108 FRONT ST KEY WEST, FL	D elete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	5				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s				☐ Change	Addition .	
NAME STREET ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP					☐ Change	Addition	
12. I hereby o	certify that the information supplied wi	th this filing does not qualify for	the exemptions	s containe	d in Chapter 11	9, Florida Statutes.	I further cert	fy that the ir	nformation	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erik deboer, Pres.