2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000002427

1. Entity Name
MANNING & BANKS; INC.

Principal Place of Business	Mailing Address
12101 COUNTY LINE ROAD	12101 COUNTY LINE ROAD
CHESTERLAND, OH 44026	CHESTERLAND, OH 44026

DO NOT WRITE IN THIS SPACE

01292008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
76-0778009	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEXTON, FRANCIS X
355 ALHAMBRA CIR, STE 1250
CORAL GABLES, FL 33134

DO NOT WRITE 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.

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MANNING, CHARLES H
STREET ADDRESS	12101 COUNTY LINE ROAD.
CITY-ST-ZIP	CHESTERLAND, OH 44026

TITLE	ST
NAME	MANNING, CHARLES H
STREET ADDRESS	12101 COUNTY LINE RD.
CITY-ST-ZIP	CHESTERLAND, OH 44026

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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U00000811363
02/12/08-80002-023 150.00

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: _____ Prust   1/29/08   440-313-8574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #