



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90005 048 ***150.00

DOCUMENT # F07000005428					
1. Entity Name MANNINGS, U.S.A., INC.					
Principal Place of Business 660 N.W. ENTERPRISE DR PORT ST. LUCIE, FL 34986			Mailing Address 660 N.W. ENTERPRISE DR PORT ST. LUCIE, FL 34986		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-2957717	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REGER, MARK 660 N.W. ENTERPRISE DR PORT ST. LUCIE, FL 34986			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, PETER	NAME	SMITH, PETER		
STREET ADDRESS	5449 SPEEDWELL AVENUE	STREET ADDRESS	617 SPEEDWELL AVENUE		
CITY-ST-ZIP	MORRIS PLAINS, NJ 07950	CITY-ST-ZIP	MORRIS PLAINS, NJ 07950		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EBERWEIN, WILLIAM	NAME			
STREET ADDRESS	11 LATTICELEAF PLACE	STREET ADDRESS			
CITY-ST-ZIP	THE WOODLANDS, TX 77382	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAKE, ROBERT	NAME			
STREET ADDRESS	38 FAIRCHILD AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MORRIS PLAINS, NJ 07950	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANNING, RON	NAME			
STREET ADDRESS	25A STATION ROAD, AINSDALE, SOUTHPORT	STREET ADDRESS			
CITY-ST-ZIP	MERSEYSIDE PR8 38N (UK),	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 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 or other like empowered.					
SIGNATURE: 			01/23/2008		772-201-5595
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>



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