2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 02, 2007 08:00 AM DOCUMENT # F13224 1. Entity Name **Secretary of State** MANORMOR REAL ESTATE, INC. Principal Place of Business Mailing Address 5233 SAN JOSE BLVD. JACKSONVILLE FL 32207 5233 SAN JOSE BLVD. JACKSONVILLE FL 32207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, otc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 59-2048243 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOYLE, WILLIAM E., ATTORNORY Street Address (P.O. Box Number is Not Acceptable) 2002 SOUTHSIDE BLVD STE 201 JACKSONVILLE FL 32216 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered offico 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete IIILE ☐ Change ☐ Addition NAME BRANDENBURGER, BEVERLY NAME U00000618881 5233 SAN JOSE BLVD. STRUET ADDRESS STREET ADDRESS 02/08/07-80048-007 150.00 JACKSONVILLE, FL 00000 CITY-SI-ZIP CITY - ST - ZIP Delete TITLE Change ☐ Addition BRANDENBURGER, BEVERLY NAME NAME 5233 SAN JOSE BLVD. STREET ADDRESS STREET ADDRESS CITY-S1-ZIP JACKSONVILLE, FL 00000 CITY ST. 7IP III1E Delete TITLE Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ШЦ ☐ Delete TITLE ☐ Change ☐ Addition NAMI: NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY - ST - ZIP ☐ Delete ШЕ ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-7IP IIItE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-SI-ZIP

SIGNATURE: Surely B Marchiburge James 30 2007 904-731-927.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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DESIGNATURE

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12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 piler like empowered.