


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F40729 1. Entity Name S.W. MANN, INC.	
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Principal Place of Business 2745 TURTLEMOUND RD MELBOURNE, FL 32934-7536	Mailing Address 2745 TURTLEMOUND RD MELBOURNE, FL 32934-7536
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2897613	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANN, S W 2745 TURTLEMOUND RD MELBOURNE, FL 32934-7536	<p style="font-size: 1.5em;">DO NOT WRITE IN THIS SPACE</p>
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000453663 03/14/06-80031-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MANN, S W
STREET ADDRESS	2745 TURTLEMOUND RD
CITY-ST-ZIP	MELBOURNE, FL
TITLE	VD
NAME	MANN, MARILYN H
STREET ADDRESS	2745 TURTLEMOUND RD
CITY-ST-ZIP	MELBOURNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *S. W. Mann* Date: 2-28-06 Daytime Phone #: 321-698-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR