


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
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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03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2897613	Applied For 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANN, S W 2745 TURTLEMOUND RD MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANN, MARILYN H 2745 TURTLEMOUND RD MELBOURNE, FL
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03/30/07-80054-009 150.00

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

3-2-07 321-255-9323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #