

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # G14496

1. Entity Name  
MANDOK, INC.



Principal Place of Business  
% CHARLES A. GIERHART  
100 WALLACE AVENUE, SUITE 260  
SARASOTA, FL 34237 US

Mailing Address  
% CHARLES A. GIERHART  
100 WALLACE AVENUE, SUITE 260  
SARASOTA, FL 34237 US



03182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2242413

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GIERHART, CHARLES A.  
100 WALLACE AVENUE, SUITE 330  
SUITE 260  
SARASOTA, FL 34237

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BEATTY, J.H.
STREET ADDRESS	315 LAIDLAW BLVD
CITY-ST-ZIP	WINNIPEG, MB
TITLE	SD
NAME	BEATTY, H.
STREET ADDRESS	315 LAIDLAW BLVD
CITY-ST-ZIP	WINNIPEG, MB
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000282876  
04/01/05-80004-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J.H. Beatty*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.H. BEATTY

*MARCH 29/05 (204)*

Date

Daytime Phone #

885-2040