


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G37746</b> 1. Entity Name <b>MANBAR, INC.</b>	
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Principal Place of Business 14406 12TH STREET DADE CITY FL 33523 US	Mailing Address 14406 12TH STREET DADE CITY FL 33523 US
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc	Suite, Apt #, etc	
City & State	City & State	
Zip	Country	Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-2288484</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
GREENFELDER, GLEN E., ATTNY AT LAW 14217 THIRD STTEET DADE CITY FL 33525	Name Street Address (P O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	U00000245115	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	MANDER, A R III			NAME	02/28/05-80012-017 150.00		
STREET ADDRESS	14402 OLD MISSION RD			STREET ADDRESS			
CITY-ST-ZIP	DADE CITH FL			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	MANDER, A. R., JR.			NAME			
STREET ADDRESS	37411 LAYTON DR.			STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	MANDER, DEANNA B.			NAME			
STREET ADDRESS	14402 OLD MISSION RD.			STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	BARDIN, KATHARINE T.			NAME			
STREET ADDRESS	14406 12TH STREET			STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	MANDER, FRANCES B.			NAME			
STREET ADDRESS	37411 LAYTON DR.			STREET ADDRESS			
CITY-ST-ZIP	DADE CITY FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit	
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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *A R Mander* 2/5/05 352 567-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #