

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90084 005 ***150.00

DOCUMENT # G37746

1. Entity Name
MANBAR, INC.



Principal Place of Business
**14406 12TH STREET
DADE CITY, FL 33523 US**

Mailing Address
**14406 12TH STREET
DADE CITY, FL 33523 US**

400000



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2288484

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENFELDER, GLEN E., ATTNY AT LAW
14217 THIRD STTEET
DADE CITY, FL 33525**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MANDER, A R III
STREET ADDRESS	14402 OLD MISSION RD
CITY-ST-ZIP	DADE CITH, FL
TITLE	DV
NAME	MANDER, A. R., JR.
STREET ADDRESS	37411 LAYTON DR.
CITY-ST-ZIP	DADE CITY, FL
TITLE	DS
NAME	MANDER, DEANNA B.
STREET ADDRESS	14402 OLD MISSION RD.
CITY-ST-ZIP	DADE CITY, FL
TITLE	DT
NAME	BARDIN, KATHARINE T. <i>Remove name</i>
STREET ADDRESS	14406 12TH STREET
CITY-ST-ZIP	DADE CITY, FL
TITLE	D
NAME	MANDER, FRANCES B.
STREET ADDRESS	37411 LAYTON DR.
CITY-ST-ZIP	DADE CITY, FL
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/08

ATTACHMENT

#637746

A.R. Mander, III
Manbar, Inc.
14217 Third St.
Dade City, FL 33523
352-567-0411

45008372

January 15, 2008

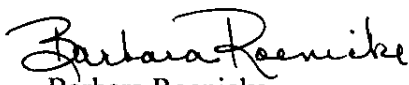
Florida Department of State
c/o Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Re: Manbar, Inc.

To Whom It May Concern:

Please remove Catharine T. Bardin's name from the list of Officers & Directors. She no longer serves on that board.

Thank you,


Barbara Roenicke
Bookkeeping

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