## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # G84094  1. Entity Name CLAUDE E. MANN, INC.						<i>i</i>	03-10-2008 9	90052 008 *	**150.	.00	
Principal Place of Business Mailing Address					· · ·	• • •					
% CLAUDE E. MANN 8320 MCCOY RD 130 W. LAKE WALES RD. S. FORT MEADE, FL 3384 LAKE WALES, FL 33859			<b>\$1</b>				11# 21## 12## 12## 21#	1 BIBI) BIBI) BIBI) BIBI	<b>                                    </b>		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02112008	Chg-P	CR2E034 (	12/06)		
City & State	Ð	City & State				4. FEI Number Applied For 59-2433641 Not Applicable					
Zip	Country	Country Zip Cou		try	5. Certificate of Status Desired See Required Fee Required						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
					Name						
MANN, TERRY 8320 MCCOY RD FT. MEADE, FL 33841				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>F</b> •	Zip Code		
				*							
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 renstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees											
10.	OFFICERS AND	DIRECTORS	CTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P	☐ Delete	TIŤLI	i			•	図	Change	☐ Addition	
NAME	MANN, TERRY K.		NAM	E ET ADDRESS	Q32	o McC	~ ROAD				
STREET ADDRESS CHTY-ST-ZIP	832 MCCOY ROAD* FT. MEADE, FL*			- ST - ZIP	F5.	MEAD	ROAD	33841			
TITLE	S	☐ Delete	TΠLI	Ē .				ď	Change	☐ Addition	
NAME	MCKENZIE, CLAUDIA		NAM								
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NAME			NAM	3							
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NAME			NAW STD	ET ADDRESS							
STREET ADDRESS				-S1-ZIP							
12. Lhereby	Lertify that the information supplied wi	h this filing does not qualify to	or the ex	emptions co	ontained	d in Chapter 119	, Florida Statutes.	I further certify the	nat the in	nformation	
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 eath, 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 it chapter in on an attachment with an address, with all other like empowered.											