

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12041

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** MANNING BUILDING SUPPLIES, INC.

**Current Principal Place of Business:**

C/O JAMES H. CISSEL  
10900 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JAMES H. CISSEL  
10900 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 59-2398136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CISSEL, JAMES H;  
10900 PHILLIPS HWY  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MANNING, KIRBY  
Address: 6917 SE 12TH TERRACE  
City-St-Zip: OCALA, FL 34480

Title: PD  
Name: CISSEL, JAMES H  
Address: 14 HOPSON ROAD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: AS  
Name: HOLZE, KAREN  
Address: 14516 SAN PABLO DR N  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP  
Name: WIECHENS, STEPHEN  
Address: 2209 W CLOVELLY LANE  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP  
Name: CISSEL, JAMES H IV  
Address: 26 HOPSON ROAD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN WIECHENS

VP

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date