


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90261 020 ***150.00

DOCUMENT # H33072 1. Entity Name MANDHEL, INC.					
Principal Place of Business 10161 WALES LOOP BONITA SPRINGS, FL 33923 US			Mailing Address 10161 WALES LOOP BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2606835	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FALK, STEVEN 850 PARK SHORE DR TRIANON CENTER, 3RD FLOOR NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Martha J. Brodeur, CAM Manager Street Address (P.O. Box Number is Not Acceptable) 10161 Wales Loop City Bonita Springs, FL Zip 34135	
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 <i>Martha J. Brodeur</i> Martha J. Brodeur 04/26/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PUNDT, MERTON 10280 WALES LOOP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE DP NAME STREET ADDRESS CITY-ST-ZIP	McDonald, Michael 10591 Wales Loop Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELBERT, DOROTHY 10751 WALES LOOP BONITA SPGS, FL	<input checked="" type="checkbox"/> Delete	TITLE DVP NAME STREET ADDRESS CITY-ST-ZIP	Donaldson, Neil 10700 Wales Loop Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRAVERSO, ANN L. 10430 WALES LOOP BONITA SPRINGS, FL	<input checked="" type="checkbox"/> Delete	TITLE DT NAME STREET ADDRESS CITY-ST-ZIP	Rego, Joseph 10310 Wales Loop Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HEMELGARN, DOROTHY 10530 WALES LOOP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Michael McDonald</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Michael McDonald, President 04/26/2004 <small>Date</small>		
			Daytime Phone # 239/948-3987		