

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90303 049 ***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**

40068602



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2606835

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRODEUR, MARTHA J CAM
10161 WALES LOOP
BONITA SPRINGS, FL 34135**

**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, 2005 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	MCDONALD, MICHAEL
STREET ADDRESS	10591 WALES LOOP
CITY - ST - ZIP	BONITA SPRINGS, FL 34135
TITLE	DVP
NAME	DONALDSON, NEIL
STREET ADDRESS	10700 WALES LOOP
CITY - ST - ZIP	BONITA SPRINGS, FL 34135
TITLE	DT
NAME	BECK, JOSEPH Yeager, Robert
STREET ADDRESS	10310 WALES LOOP 10270 Wales Loop
CITY - ST - ZIP	BONITA SPRINGS, FL 34135
TITLE	DS
NAME	HEIDGARN, DOROTHY Jarke, John
STREET ADDRESS	10310 WALES LOOP 10440 Wales Loop
CITY - ST - ZIP	BONITA SPRINGS, FL 34135
TITLE	DS
NAME	Hillock, Vickey
STREET ADDRESS	10770 Wales Loop
CITY - ST - ZIP	Bonita Springs, FL 34135
TITLE	D
NAME	Engel, Charles
STREET ADDRESS	10651 Wales Loop
CITY - ST - ZIP	Bonita Spring, FL 34135

**DO NOT WRITE
IN THIS SPACE**

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:

Michael M. McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

**Tel. # 239/495-7007
April 25, 2005**

Date

Daytime Phone #