

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90016 025 ***150.00

DOCUMENT # H90415

1. Entity Name
T.C. MANN, INC.



Principal Place of Business
1001 N AMERICA WAY
107
MIAMI, FL 33132

Mailing Address
1001 N AMERICA WAY
107
MIAMI, FL 33132



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2618358

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANN, THOMAS C.
1001 N AMERICA WAY
UNIT 107
MIAMI, FL 33132

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MANN, THOMAS C. 1001 N AMERICA WAY 107 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLEMAN, WILLIAM T. 5100 NO. FEDERAL HWY FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOVERN, JOHN (JACK) 1877 S. BAYSHORE LANE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ALICIA C. MANN 1001 N AMERICA WAY #107 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ELIZABETH C. ZOLEY 1001 N AMERICA WAY #107 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

J.C. Mann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-08 305-577-0220

Date

Daytime Phone #