# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2005**
**Secretary of State**

DOCUMENT# J81037

**Entity Name:** MANGONE & SONS, INC.

**Current Principal Place of Business:**

4841 W HILLSBORO BLVD
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

4841 W HILLSBORO BLVD
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number: 65-0197993** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MANGONE, MARIO
6435 NW 74 TERRACE
PARKLAND, FL 33067 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MANGONE, VINCENT,
Address: 6451 NW 74 TERR
City-St-Zip: PARKLAND, FL

Title: D ( ) Delete
Name: MANGONE, MARIO,
Address: 6435 NW 74 TERRACE
City-St-Zip: PARKLAND, FL

Title: D ( ) Delete
Name: CURRA, MARINO,
Address: 6454 N.W. 74 TERRACE
City-St-Zip: PARKLAND, FL

Title: D ( ) Delete
Name: MANGONE, DOMINICK,
Address: 6131 NW 44TH LANE
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MANGONE, DOMINICK,
Address: 6017 NW 45TH TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARIO MANGONE D 01/14/2005

Electronic Signature of Signing Officer or Director Date