

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90019 043 ***150.00

DOCUMENT # J83904

1. Entity Name
MANYS, INC.



Principal Place of Business
1010 US HWY 41 N
RUSKIN, FL 33570

Mailing Address
~~810 8TH AVE. W.~~
~~PALMETTO, FL 34221~~

50007708



2. Principal Place of Business

3. Mailing Address
815 8th AVE W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162006

Chg-P

CR2E034 (11/05)

City & State

City & State
Palmetto

4. FCI Number
59-2828587

App'd For
Not App'd For

Zip

Country

Zip

34221

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERES, EMMANUEL
520 RIVERSIDE DR
PALMETTO, FL 34221

Name

Street Address (P.O. Box Number's Not Accepted)

City

FL

Zip Code

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 (use this and name of agent as the base case)

Signature (use this and name of agent as the base case)

Signature

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
P
AMERES, EMMANUEL
520 RIVERSIDE DR
PALMETTO, FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VP
AMERES, KALLIOPI
520 RIVERSIDE DR
PALMETTO, FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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 my address, with a other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Date of Filing