

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2007 08:00 AM
Secretary of State

DOCUMENT # K44729

1. Entity Name
MANTA CONSTRUCTION CORPORATION



Principal Place of Business
**1715 MAGNOLIA RD
BELLEAIR, FL 33756**

Mailing Address
**1715 MAGNOLIA RD
BELLEAIR, FL 33756**

DO NOT WRITE IN THIS SPACE



06202007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2917001

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HULTGREN, BRADLEY J.
1715 MAGNOLIA RD
BELLE AIR, FL 33756**

**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 **BRADLEY J. HULTGREN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

6/21/07

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HULTGREN, BRADLEY J.
STREET ADDRESS	1715 MAGNOLIA RD
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	ST
NAME	HULTGREN, KATHLEEN A.
STREET ADDRESS	1715 MAGNOLIA RD
CITY-ST-ZIP	BELLE AIR, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/26/07-80002-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/07

Date

727-518-2313

Daytime Phone #