FILED
Jan 07, 2005 0
Secretary of

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002364

1. Entity Name
MANNING HOME CARE, INC.

Principal Place of Business
1370 NW 54TH TERRACE
LAUDERHILL, FL 33313

Mailing Address
1370 NW 54TH TERRACE
LAUDERHILL, FL 33318

01042005 No Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
MANNING, ICILIDA
1370 NW 54TH TERRACE
LAUDERHILL, FL 33313

4. FEI Number
65-0490703

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

Applied For
Not Applicable

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 Icilda Manning
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)

DATE 1-4-05

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MANNING, ICILIDA
STREET ADDRESS	1370 NW 54TH TERRACE
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	VD
NAME	MANNING, PATRICK
STREET ADDRESS	1370 NW 54TH TERRACE
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	VD
NAME	MANNING, PATRICK
STREET ADDRESS	1370 N W 54 TERR
CITY-ST-ZIP	LAUDERHILL, FL 33170

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01/07/05-80029-016 61.25

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Icilda Manning

Patrick Manning 1-4-05
Date

Daytime Phone #