2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000009382

FILED
Jul 28, 2005 08:00 AM
Secretary of State

MANCIL & CO., INC.						
Principal Place 3182 SE BRO STUART, FL	OOK STREET	Mailing Address 3182 SE BROOK STREET STUART, FL 34997				
			33 - 33 - 34			
			~=	07052005	No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb		Applied For Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent				-
MANCIL, DON SR 3182 SE BROOK STREET STUART, FL 34997			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for toons of registered agent.	the purpose of changing its registe	red office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent an	d little if applicable. (NOTE, Register	red Agent signature required	I when reinstating)	<u> </u>	DATE
	E NOW!!! FEE 8 \$150.00 le by September 7, 2005	9. Election Campaign Fina Trust Fund Contribution	~ _ ~	.00 May Be ed to Fees		vith s. 607.193(2)(b), F.S., the not receive the prior notice.
10.	OFFICERS AND D	IRECTORS	. 1	·	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MANCIL, DON R SR 3182 SE BROOK STREET STUART, FL 34997					
TITLE NAME					U00000 07 / 28/05)37 48 03 -80003-021 150-00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the 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 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:

NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

THE NAME
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772-260-0755