


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90024 028 ***150.00

DOCUMENT # P01000068434

1. Entity Name
TITAN MFG., INC.



Principal Place of Business
**6320 METRO PLANTATION RD
 FORT MYERS FL 33912** **A**

Mailing Address
**6320 METRO PLANTATION RD
 FORT MYERS FL 33912** **A**



2. Principal Place of Business - No P.O. Box #
6381 Metro Plantation Rd

3. Mailing Address
same

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

Zip **33966** Country **→**

4. FEI Number **65-1119624** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHUMANN, RAYMOND L ESQ
 27700 RIVERVIEW CENTER BLVD
 BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
~~6381 Metro Plantation Rd~~ **ERROR**

City
~~Fort Myers, Fla.~~ **ERROR**

FL Zip Code **33986**

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. **Dwight Mcatee VP 4-18-07.**

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCATEE, THOMAS J JR 813 SW 15TH AVE. CAPE CORAL FL 33991 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCATEE, LINDA A 813 SW 15TH AVE. CAPE CORAL FL 33991 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Linda A Mcatee VP 4-18-07 239-939-5152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #