

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000095129

1. Entity Name
MANLEY INSTALLATION SERVICES, INC.



Principal Place of Business
11501 LOU STREET
PENSACOLA, FL 32534

Mailing Address
11501 LOU STREET
PENSACOLA, FL 32534



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3746385

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANLEY, TED E
11501 LOU STREET
PENSACOLA, FL 32534

**DO NOT WRITE
IN THIS SPACE**

8. I, above named entry 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000171891
09/08/04-80010-007 550.00

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	MANLEY, TED E	
STREET ADDRESS	11501 LOU STREET	
CITY- ST- ZIP	PENSACOLA, FL 32534	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
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CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #