

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 05, 2008 08:00 AM
Secretary of State**

DOCUMENT # P01000119092

1. Entity Name
MANLEY & ASSOCIATES, CPA'S, P.A.



Principal Place of Business
**203 SOUTH SEVENTH AVENUE
WAUCHULA, FL 33873**

Mailing Address
**203 SOUTH SEVENTH AVENUE
WAUCHULA, FL 33873**



05012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0547924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MANLEY, MICHAEL D
203 SOUTH SEVENTH AVENUE
WAUCHULA, FL 33873**

**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 _____ (NOTE: Registered Agent signature required when revalidating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U000000948824
06/03/08-80003-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MANLEY, MICHAEL D
STREET ADDRESS	203 SOUTH SEVENTH AVENUE
CITY-ST-ZIP	WAUCHULA, FL 33873

TITLE	STR
NAME	MANLEY, LISA A
STREET ADDRESS	311 OHIO AVE.
CITY-ST-ZIP	WAUCHULA, FL 33873

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**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

Date

Daytime Phone #