


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90034 035 ***150.00

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|---|---|
| DOCUMENT # P02000014896 |  |
| 1. Entity Name CAPT. ERIC MANNINO, INC. | |

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| Principal Place of Business 3672 FOXGROFT CIRCLE OVIEDO FL 32765 | Mailing Address 3672 FOXGROFT CIRCLE OVIEDO FL 32765 |
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|---|---|
| 2. Principal Place of Business 153 Overlook Dr. | 3. Mailing Address 153 Overlook Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-------------------------------------|-------------------------------------|
| City & State Chuluota, FL | City & State Chuluota, FL |
| Zip 32766 | Zip 32766 |
| Country USA | Country USA |

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| 4. FEI Number 03-0373936 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MANNINO, ERIC 3672 FOXGROFT CIR 153 Overlook Dr. OVIEDO FL 32765 Chuluota, FL 32766 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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 *Eric Mannino* DATE 4/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MANNINO, ERIC 3672 FOXGROFT CIRCLE 153 Overlook Dr. OVIEDO FL 32765 Chuluota, FL 32765 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]* DATE 4/25/05 407-222-8897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR