


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90184 008 ***150.00

DOCUMENT # P02000037442 1. Entity Name DONALD M. MCMANUS & COMPANY, INC.																																																																																																																							
Principal Place of Business 408 N INDIAN ROCKS RD BELLEAIR BLUFFS, FL 33770			Mailing Address 408 N INDIAN ROCKS RD BELLEAIR BLUFFS, FL 33770																																																																																																																				
2. Principal Place of Business 580 N INDIAN ROCKS RD		3. Mailing Address SAME																																																																																																																					
Suite, Apt. #, etc. 8		Suite, Apt. #, etc. 																																																																																																																					
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Zip 33770		Country 		4. FEI Number 743033809 743033809																																																																																																																			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																			
6. Name and Address of Current Registered Agent MCMANUS, DONALD M 408 N INDIAN ROCKS RD BELLEAIR BLUFFS, FL 33770																																																																																																																							
7. Name and Address of New Registered Agent Name Mc Manus, Donald M Street Address (P.O. Box Number is Not Acceptable) 580 N INDIAN ROCKS RD City BELLEAIR BLUFFS FL 33770																																																																																																																							
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 <u><i>Donald M Mc Manus</i></u> DATE <u>4/18/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 25%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MCMANUS, DONALD M</td> <td></td> <td>STREET ADDRESS</td> <td>McMANUS, DONALD M</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>8757 140TH WAY N SEMINOLE, FL 33776</td> <td></td> <td>CITY-ST-ZIP</td> <td>610 N INDIAN ROCKS RD 126 BELLEAIR BLUFFS, FL 33770</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>McMANUS, SANDRA M</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MCMANUS, SANDRA M</td> <td></td> <td>STREET ADDRESS</td> <td>610 N INDIAN ROCKS RD 126</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>8757 140TH WAY N SEMINOLE, FL 33776</td> <td></td> <td>CITY-ST-ZIP</td> <td>BELLEAIR BLUFFS, FL 33770</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BASSO, MALIA M</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1417 NURSERY RD CLEARWATER, FL 33756</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	MCMANUS, DONALD M		STREET ADDRESS	McMANUS, DONALD M		CITY-ST-ZIP	8757 140TH WAY N SEMINOLE, FL 33776		CITY-ST-ZIP	610 N INDIAN ROCKS RD 126 BELLEAIR BLUFFS, FL 33770		TITLE	D	<input type="checkbox"/> Delete	TITLE	McMANUS, SANDRA M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	MCMANUS, SANDRA M		STREET ADDRESS	610 N INDIAN ROCKS RD 126		CITY-ST-ZIP	8757 140TH WAY N SEMINOLE, FL 33776		CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	BASSO, MALIA M		STREET ADDRESS			CITY-ST-ZIP	1417 NURSERY RD CLEARWATER, FL 33756		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u><i>Donald M Mc Manus</i></u> DONALD M MCMANUS DATE <u>4/18/06</u> 721-586-3189 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																							