


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90015 025 ***150.00

DOCUMENT # P02000037442.					
1. Entity Name DONALD M. MCMANUS & COMPANY, INC.					
Principal Place of Business 580 N ROSCO RD B BELLEAIR BLUFFS, FL 33770			Mailing Address 580 N ROSCO RD B BELLEAIR BLUFFS, FL 33770		
2. Principal Place of Business - No P.O. Box # 580 B N INDIAN ROCKS		3. Mailing Address SAME			
Suite, Apt. #, etc. Ro		Suite, Apt. #, etc.			
City & State Belle Air Bluffs, FL		City & State			
Zip 33770		Country USA		Zip	
Country		Country			
4. FEI Number 74-3033808					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DONMO, MEMANO M 580 B N ROCKS RD BELLEAIR BLUFFS, FL 33770					
7. Name and Address of New Registered Agent Name: MCMANUS, DONALD M Street Address (P.O. Box Number is Not Acceptable): 580 B N INDIAN ROCKS RD City: BELLEAIR BLUFFS FL Zip Code 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>Donald M McManus</u> <i>Owner in charge</i> DATE: <u>4/22/08</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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCMAUM, DONALD M 610 ROCKS RD #126 BAL TIC BEACH, FL 33770		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCMANUS, DONALD M 610 N INDIAN ROCKS RD #126 BELLEAIR BLUFFS, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCNAUM, SANDRA M 610 W ROCKS RD #126 BAL TIC BEACH, FL 33770		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCMANUS, SANDRA M 610 N INDIAN ROCKS RD #126 BELLEAIR BLUFFS, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BASSO, MALIA M 1417 NURSERY RD CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition OK	
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	
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	
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	
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>Donald M McManus</u> <i>Owner in charge</i> DATE: <u>4/22/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					