## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000056158

City-St-Zip:

FILED Mar 15, 2005 Secretary of State

Entity Name: GEORGE MANGANARO, INC.								
Current Principal Place of Business:				New Principal Place of Business:				
5003 BONI NEW POR	TO DRIVE T RICHEY, FL	34652		2932 LITTL NEW POR	E ROAD T RICHEY,	FL 34655	US	
Current Mailing Address:				New Mailing Address:				
5003 BONI NEW POR	TO DRIVE T RICHEY, FL	34652			ΓERS RIDG Τ RICHEY,		US	
FEI Number:	30-0088303	FEI Number Applied Fo	r ( ) FEI Nur	nber Not Appl	icable ( )	Certificate	e of Status Des	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
MANGANARO, GEORGE 5003 BONITO DRIVE NEW PORT RICHEY, FL 34652 US				MANGANARO, GEORGE 5227 HUNTERS RIDGE DR NEW PORT RICHEY, FL 34655 US				
The above in the State	named entity si of Florida.	ubmits this statement	for the purpose o	of changing it	ts registered	d office or re	gistered age	nt, or both,
SIGNATURE: HELEN C MARTELL				03/15/2005				
Electronic Signature of Registered Agent				Date				
Election Cam	paign Financing	Trust Fund Contribution	( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () I MANGANARO, G 5003 BONITO DI NEW PORT RICI	RIVE		Title: Name: Address: City-St-Zip:	MANGANARO 5227 HUNTE	(X) Change( O, GEORGE RS RIDGE DF RICHEY, FL 3	₹	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	JOAN, MANG 5227 HUNTE	( ) Change (X BANARO ERS RIDGE DE RICHEY, FL 3	₹	
Title: Name: Address:	( )	Delete		Title: Name: Address:	HELEN, MAF	()Change() RTELL C RS RIDGE DF		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

NEW PORT RICHEY, FL 34655 US

SIGNATURE: HELEN C MARTELL T 03/15/2005