
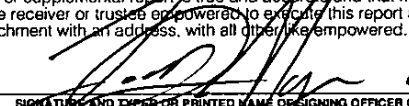


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90074 047 \*\*\*150.00

<b>DOCUMENT # P02000062395</b> 1. Entity Name <b>MANZELLA BUILDERS &amp; REMODELING, INC.</b>					
Principal Place of Business <b>10530 LOGHOUSE ROAD CLERMONT, FL 34711</b>			Mailing Address <b>10530 LOGHOUSE ROAD CLERMONT, FL 34711</b>		
2. Principal Place of Business <b>4045 GREYSTONE DRIVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>4045 GREYSTONE DRIVE</b> Suite, Apt. #, etc.		
City & State <b>CLERMONT FL</b>			City & State <b>CLERMONT FL</b>		
Zip <b>34711</b>		Country <b>USA</b>		Zip <b>34711</b>	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>71-0889332</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MANZELLA, JR., LOUIS D 10530 LOGHOUSE ROAD CLERMONT, FL 34711</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4045 GREYSTONE DRIVE</b> City <b>CLERMONT</b> FL Zip Code <b>34711</b>	
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANZELLA, SR., LOUIS D</b> <b>10530 LOGHOUSE ROAD</b> <b>CLERMONT, FL 34711</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANZELLA, JR., LOUIS D</b> <b>10530 LOGHOUSE ROAD</b> <b>CLERMONT, FL 34711</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANZELLA, KIMBERELY A</b> <b>10530 LOGHOUSE ROAD</b> <b>CLERMONT, FL 34711</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>Louis P. Manzella</b> <b>2-28-05</b>					

50027804



02042005 Chg-P CR2E034 (10/03)