2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005
Secretary of State

DOCUMENT# P02000068519

Entity Name: M AN N ENTERPRISES INC

Current Principal Place of Business:

624 N. YONGE ST.
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

624 N. YONGE ST.
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 02-0627572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOE, LOGUIDICE
1515 RIDGEWOOD AVE
SUITE A
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

PATRICK, SHEEHAN
682 S. YONGE ST
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: PATRICK SHEEHAN 05/16/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOOTE, MICHAEL G
Address: 624 N. YONGE ST.
City-St-Zip: ORMOND BEACH, FL 32174

Title: V ( ) Delete
Name: FINLEY, NANCY L
Address: 624 N. YONGE ST.
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: ROUNSAVALL, AARON
Address: 624 N. YONGE ST
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MICHAEL G FOOTE P 05/16/2005
Electronic Signature of Signing Officer or Director Date