

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068519

Entity Name: M AN N ENTERPRISES INC

FILED  
Mar 27, 2006  
Secretary of State

## 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:

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

## Name and Address of New Registered Agent:

LOGUIDICE, JOESPH  
1515A RIDGEWOOD AVE  
HOLLY HILL, FL 32117 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: JOESPH LOGUIDICE

03/27/2006

Electronic Signature of Registered Agent

Date

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 Chapter 119, 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 FOOTE

P

03/27/2006

Electronic Signature of Signing Officer or Director

Date