

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000016244

1. Entity Name
STEPHEN MANCUSO, INC.



Principal Place of Business
7901 WHITMIRE DRIVE
PENSACOLA, FL 32514

Mailing Address
7645 NORTHPOINTE DRIVE
PENSACOLA, FL 32514

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
7901 Whitmire Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pensacola FL

Zip

Country

Zip
32514

Country

05042007

Chg-P

CR2E034 (12/06)

4. FEI Number
81-0592750

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANCUSO, STEPHEN
7901 WHITMIRE DRIVE
PENSACOLA, FL 32514

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PRES
MANCUSO, STEPHEN
7901 WHITMIRE DRIVE
PENSACOLA, FL 32514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
MANCUSO, ALMA
7901 WHITMIRE DRIVE
PENSACOLA, FL 32514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
200109696802
09/20/07--01019--015 **150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alma R Mancuso

9/12/07

Daytime Phone #

850-471-1331

FILED

07 SEP 17 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

