

**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

FILED  
07 SEP 17 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05042007 Chg-P CR2E034 (12/06)

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 32514	Country
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
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MANCUSO, STEPHEN 7901 WHITMIRE DRIVE PENSACOLA, FL 32514	<input type="checkbox"/> Delete  <i>8/7/07</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANCUSO, ALMA 7901 WHITMIRE DRIVE PENSACOLA, FL 32514	<input type="checkbox"/> Delete  <i>8/7/07</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete  <i>8/7/07</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete  <i>8/7/07</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition  <i>200109695802 09/20/07--01019--015 **150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Alma R. Mancuso* **Alma R. Mancuso** 9/12/07 850-471-1331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #