

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90243 039 ***158.75

DOCUMENT # P03000037714

1. Entity Name
MNM REALTY INC.



Principal Place of Business
**14206 MANATEE SPRINGS ROAD
ORLANDO, FL 32828**

Mailing Address
**14206 MANATEE SPRINGS ROAD
ORLANDO, FL 32828**

2. Principal Place of Business
798 Austin Ct
Suite, Apt. #, etc.

3. Mailing Address
798 Austin Ct
Suite, Apt. #, etc.

04302006 Chg-P CR2E034 (11/05)

4. FEI Number
48-1306503

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State
Winter Springs FL
Zip Country
32708 US

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Winter Springs FL
Zip Country
32708 US

6. Name and Address of Current Registered Agent

**MONDELLO, PHILIP F
14206 MANATEE SPRINGS ROAD
ORLANDO, FL 32828**

7. Name and Address of New Registered Agent

Name **James Mandello**
Street Address (P.O. Box Number is Not Acceptable)
798 Austin Ct
City **Winter Springs FL** Zip Code **32708**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MONDELLO, JOYCE A	
STREET ADDRESS	14206 MANATEE SPRINGS RD.	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MONDELLO, PHILIP F	
STREET ADDRESS	14206 MANATEE SPRINGS RD.	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VINCE, JOSEPH M	
STREET ADDRESS	606 FELLOWSHIP DR.	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loni Mandello	
STREET ADDRESS	798 Austin Ct	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Menendez	
STREET ADDRESS	798 Austin Ct	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *James Mandello*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-06
Date

407 694 9028
Daytime Phone #