

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90151 047 \*\*\*150.00

<b>DOCUMENT # P03000070516</b> 1. Entity Name <b>MANUS AIR CONDITIONING &amp; HEATING, INC.</b>			
Principal Place of Business <b>8667 SEMINOLE BLVD LOT 3- SEMINOLE, FL 33772</b> <div style="text-align: center; font-size: 1.2em;">727-638-1856</div>		Mailing Address <b>8667 SEMINOLE BLVD LOT 3- SEMINOLE, FL 33772</b>	
2. Principal Place of Business <b>3660 68th Ave N.</b> Suite, Apt. #, etc. <b>10020</b>		3. Mailing Address <b>3660 68th Ave N.</b> Suite, Apt. #, etc. <b>10020</b>	
City & State <b>Pinnellas Park FL</b> Zip <b>33781</b> Country		City & State <b>Pinnellas Park FL</b> Zip <b>33781</b> Country	
4. FEI Number <b>59-3608672</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MANUS, MARK</b> <b>8667 SEMINOLE BLVD LOT 3- SEMINOLE, FL 33772</b> <b>Pinnellas Park FL 33781</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3660 68th Ave N.</b> City <b>FL</b> 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 <u><i>Mark Manus</i></u> <b>Mark Manus</b> DATE <b>4-85</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANUS, MARK 8667 SEMINOLE BLVD LOT 3- SEMINOLE, FL 33772 <input type="checkbox"/> Delete <div style="text-align: center;">New Address →</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3660 68th Ave N. Pinnellas Park 33781 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANUS, CHRISTOPHER 1331 LEONA DRIVE LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 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: <u><i>Mark Manus</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-85</b> Daytime Phone # <b>727-638-1856</b>	