


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90003 039 ***150.00

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| DOCUMENT # P03000118680 | |  | |
| 1. Entity Name MC MANUS ELECTRIC, INC. | | | |
| Principal Place of Business 10 COCONUT COURT PALM COAST FL 32137 | | Mailing Address 10 COCONUT COURT PALM COAST FL 32137 | |
| 2. Principal Place of Business - No P.O. Box # 10 COCONUT COURT | | 3. Mailing Address 10 COCONUT COURT | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State PALM COAST, FLA. | | City & State PALM COAST, FLA. | |
| Zip 32137 | Country USA | Zip 32137 | Country USA |
| 6. Name and Address of Current Registered Agent MC MANUS, RONALD L 10 COCONUT COURT PALM COAST FL 32137 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| DATE _____ | | DATE _____ | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD MCMANUS, RONALD L 10 COCONUT COURT PALM COAST FL 32137 <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 | AS MCMANUS, JASON LEE 10 COCONUT CT. PALM COAST FL 32137 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASST. SECRETARY MCMANUS JASON LEE 326 INCHINE ROAD SATSUMA, FLA. 32189 <input checked="" 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 |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>RONALD LEE MCMANUS</u> | | Date: <u>2/19/08</u> Daytime Phone: <u>386-4489182</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |