


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90020 022 \*\*\*150.00

<b>DOCUMENT # P03000124287</b> 1. Entity Name MANCARI & ASSOCIATES, P A			
Principal Place of Business 4530 BERISFORD BLVD PALM HARBOR, FL 34685		Mailing Address 4530 BERISFORD BLVD PALM HARBOR, FL 34685	
2. Principal Place of Business - No P.O. Box # 2737 Quail Hollow Rd. W. Suite, Apt. #, etc. CLEARWATER, FL City & State 33761		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 20-0374246		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANCARI, FRANK JR 4530 BERISFORD BLVD PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name FRANK MANCARI, JR. Street Address (P.O. Box Number is Not Acceptable) 2737 Quail Hollow Rd. WEST City CLEARWATER FL Zip Code 33761	
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>[Signature]</u> PRESIDENT DATE: <u>4-8-08</u> <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, 2008 Fee will be \$550.00</b>		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	P MANCARI, FRANJ JR. 4530 BERISFORD BLVD PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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 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: <u>[Signature]</u> PRESIDENT		DATE: <u>4-7-08</u> <u>727-385-4122</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	