2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000136435

1. Entity Name BOLAN, MANLEY TAX PROFESSIONALS, INC.

FILED
Jan 17, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

875 102ND AVENUE N. NAPLES, FL 34108 875 102ND AVENUE N. NAPLES, FL 34108



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01042007	No Cng-P	CR2E034 (1	1705)
4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For
30 0216	236	Г	Not Applicab

5. Certificate of Status Desired Sa.75 Additional

6. Name and Address of Current Registered Agent

BOLAN, JOHN S 875 102ND AVENUE N. NAPLES, FL 34108

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The above named entity submits this statement for the parties obligations of registered agent.	ourpose of changing its registered office or re	egistered agent, or both	i, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, lyped or printed name of registered agent and tille	d applicable. (NOTE Registered Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	000000588450 01/17/07-80073-012 150.00
10 OFFICERS AND DIREC	TORS		

	., .,
10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOLAN, JOHN S 875 102ND AVENUE N. NAPLES, FL 34108
TITLE NAME STREET AODRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SY-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07

239-598-950