

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90260 004 \*\*\*158.75

**14009817**



04272005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000007191</b> 1. Entity Name <b>MANNEY AND MANNEY INC.</b>					
Principal Place of Business <b>16215 EAST STATE RD 50</b> <b>201</b> <b>CLERMONT, FL 34711 US</b>			Mailing Address <b>489 KINDLING CT</b> <b>PH</b> <b>OCOOE, FL 34761 US</b>		
2. Principal Place of Business <i>1120 S Division Ave</i> Suite, Apt. #, etc.			3. Mailing Address <i>489 Kindling Ct.</i> Suite, Apt. #, etc.		
City & State <i>Orlando FL</i> Zip <i>32805</i>		City & State <i>Orlando FL</i> Zip <i>32805</i>		4. FEI Number <i>75-3142191</i>	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MANNEY, CONSUELO I</b> <b>489 KINDLING CT.</b> <b>PH</b> <b>OCOOE, FL 34761</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <i>Consuelo I Manney</i> <span style="float: right;">4/15/05</span> <small>Signature, typed or printed name of registered agent (not 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	<b>PAES.</b> <b>MANNEY, JAMES F</b> <b>489 KINDLING CT</b> <b>OCOOE, FL 34761</b> <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	<b>VP</b> <b>MANNEY, CONSUELO I</b> <b>489 KINDLING CT.</b> <b>OCOOE, FL 34761</b> <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	<b>SEC</b> <b>MANNEY, CONSUELO I</b> <b>489 KINDLING CT.</b> <b>OCOOE, FL 34761</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Consuelo I Manney</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/15/05 407-832-9411 <small>Date Daytime Phone #</small>		