

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000076160

1. Entity Name

ED & DEE MCMANUS, INC.



Principal Place of Business

2982211 ENMOQWE
MPYB LJD FF:QM44581

Mailing Address

2982211 ENMOQWE
MPYB LJD FF:QM44581



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-2081130

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMANUS, ED
18711 HAMLIN BLVD
LOXAHATCHEE, FL 33470

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$650.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCMANUS, ED
STREET ADDRESS 18711 HAMLIN BLVD
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE VP
NAME MCMANUS, DEE
STREET ADDRESS 18711 HAMLIN BLVD
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

000000429818
02/18/06-80021-025 150.00

**DO NOT WRITE
IN THIS SPACE**

**PLEASE SIGN
& DATE**

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 Denise McManus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-06

Date

Daytime Phone #

561-383-8901