

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000113829

1. Entity Name
DE MANO, INC.



**FILED
Sep 08, 2005 8:00 am
Secretary of State**

06-20-2005 90002 042 ***150.00
09-08-2005 90068 044 ***400.00

DUUBDOOB



05112005 Chg-P CR2E034 (10/03)

Principal Place of Business
3837 IRONWEDGE DRIVE
ORLANDO, FL 32808

Mailing Address
3837 IRONWEDGE DRIVE
ORLANDO, FL 32808

2. Principal Place of Business
3837 IRONWEDGE DRIVE

3. Mailing Address
3837 IRONWEDGE DRIVE

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip
32808

Country
ORANGE

City & State
ORLANDO, FL

Zip
32808

Country
ORANGE

4. FEI Number
201446501

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOLAR, MARK
3837 IRONWEDGE DRIVE
ORLANDO, FL 32808

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

(NOTE: Registered Agent signature required when reinstating)

6-1-05

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

\$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 LOLAR, MARK 3837 IRONWEDGE DRIVE ORLANDO, FL 32808	<input type="checkbox"/> Delete	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 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: **Mark LOLAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-05 407-201-535

Date

Daytime Phone #

ATTACHMENT

50613-57

P04000113829

August 17, 2005

To: Division of Corporations

Re: DeMano, Inc

From Mark Lolar

Enclosed is a completed form that I have sent for the third time. I have followed all of the instructions and made sure that the print is legible. There are NO changes that need to be made. All of the pre-printed existing information is correct. The check made to you for the \$150.00 has already cleared through my bank over one month ago. I had originally sent all paperwork on time, but still received a letter with a bill for the \$400. To ensure reinstatement and to prevent dissolution I have also enclosed a check for \$400.

Please contact me directly at 407-701-5351 if you have any questions or need any further information. This is my first year of incorporation and filing this type of paperwork.

Sincerely,
Mark Lolar
DeMano, Inc.