

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147500

Entity Name: MANKIN FOODS INC.

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

8667 SOUTH LAKE CIRCLE  
FT. MYERS, FL 33908

## New Principal Place of Business:

## Current Mailing Address:

8667 SOUTH LAKE CIRCLE  
FT. MYERS, FL 33908

## New Mailing Address:

FEI Number: 20-1999098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANKIN, TIMOTHY  
8667 SOUTH LAKE CIRCLE  
FT. MYERS, FL 33908 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: MANKIN, TIMOTHY T PTD  
Address: 8667 SOUTH LAKE CIRCLE  
City-St-Zip: FT. MYERS, FL 33908

Title: V ( ) Delete  
Name: MANKIN, SETH VS  
Address: 8667 SOUTH LAKE CIRCLE  
City-St-Zip: FT. MYERS, FL 33908

Title: V ( ) Delete  
Name: MANKIN, MARTHA L  
Address: 8667 SOUTH LAKE CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: O ( ) Delete  
Name: MANKIN, RANDY L  
Address: 1465 34TH ST  
City-St-Zip: ALLEGAN, MI 49010

Title: O ( ) Delete  
Name: MANKIN, LINDA K  
Address: 1465 34TH ST  
City-St-Zip: ALLEGAN, MI 49010

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY MANKIN

P

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date