

# 2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90008 006 \*\*\*150.00

**DOCUMENT # P05000000441**

1. Entity Name

**M & P ENTERPRISES OF NORTHWEST FLORIDA, INC.**



Principal Place of Business  
**7216 HELMS ROAD  
PENSACOLA FL 32526**

Mailing Address  
**7216 HELMS ROAD  
PENSACOLA FL 32526**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**42-1655736**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANNING, DONALD W II  
7216 HELMS ROAD  
PENSACOLA FL 32526**

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: *Donald W. Manning* SR, DONALD W. MANNING T/S

1/23/06

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 \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MANNING, DONALD W II	
STREET ADDRESS	7216 HELMS ROAD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRIME, JASON	
STREET ADDRESS	7216 HELMS ROAD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	T	<input type="checkbox"/> Delete
NAME	MANNING, DONALD W SR	
STREET ADDRESS	7216 HELMS ROAD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	S	<input type="checkbox"/> Delete
NAME	MANNING, DONALD W SR	
STREET ADDRESS	7216 HELMS ROAD	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Donald W. Manning* SR, DONALD W. MANNING T/S (850) 232-7532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #