


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-15-2006 90004 015 ***150.00

DOCUMENT # P05000003953	
1. Entity Name Mcmanus Trucking Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 835 Grant Bass Rd Suite, Apt. #, etc.		3. Mailing Address 835 Grant Bass Rd Suite, Apt. #, etc. SAME	
City & State Kenansville, FL		City & State	
Zip 34739	Country Osepta USA	Zip	Country

CR2E034B (8/05)

4. FEI Number 68-0600060	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name Bernard R. Sutter
Street Address (P.O. Box Number is Not Acceptable) 5036 Big Sky Blvd
City Kissimmee
State FL
Zip Code 34744

**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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP President / D Peggy S. Mcmanus 835 Grant Bass Rd Kenansville, FL 34739	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Peggy S. Mcmanus**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-06 **321-517-0009**
Date Daytime Phone #

ATTACHMENT



66023574

McMANUS TRUCKING, INC.

8-21-06

To Whom It May Concern,

I was informed to inclose a letter, that satates Mcmanus Trucking Inc. P05000003953 did not recieve a notice of this annual report. There was no box to check on the form so I'm summiting this letter to ask the \$400.00 fee be waiver on this account.

Thank you !

*Peggy McManus
President*