


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

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

08-15-2006 90004 014 ***150.00

DOCUMENT # POS000035299	
1. Entity Name McManus Grading Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 835 Grant Bass Rd	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (8/05)

City & State Kenansville, FL	City & State	4. FEI Number 54-2169256	Applied For <input type="checkbox"/> Not Applicable
Zip 34739	Country USA	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Bernard R. Sutter	
Street Address (P.O. Box Number is Not Acceptable) 3036 Pig Sky Blvd	
City Kissimmee	FL Zip Code 34744

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 fee if applicable.

(NOTE: Registered Agent signature required when renewing)

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 Ronald J. McManus 835 Grant Bass Rd Kenansville, FL 34739	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP

**DO NOT WRITE
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:

Ronald Jack McManus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-06 / 321-517-0010
Date Daytime Phone #

ATTACHMENT

66023575

To whom it may concern,

*I was informed to enclose a letter, to let you know
McManus Grading Inc. did not receive a notice of
annual report. So there was no box on the form to check
that i didn't get one, so I ask that the \$400.00 late fee be
removed from this account. P05000035299*

8-21-06

*Thank you for your help
President Ronald J. McManus*