

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90001 039 \*\*\*150.00

**DOCUMENT # P05000041405**

1. Entity Name

**MANNING BROTHERS MASONRY, INC.**



Principal Place of Business

**13536 SW MYERS DAIRY ROAD  
BLOUNTSTOWN FL 32424  
US**

Mailing Address

**13536 SW MYERS DAIRY ROAD  
BLOUNTSTOWN FL 32424  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number  
**20-2602361**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANNING, JAMES  
13536 SW MYERS DAIRY ROAD  
BLOUNTSTOWN FL 32424**

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

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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	<b>MANNING, JAMES</b>	
STREET ADDRESS	<b>13536 SW MYERS DAIRY ROAD</b>	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>MANNING, PRESTON</b>	
STREET ADDRESS	<b>13536 SW MYERS DAIRY ROAD</b>	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>MANNING, PATRICK</b>	
STREET ADDRESS	<b>13536 SW MYERS DAIRY ROAD</b>	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>MANNING, DENIELLE</b>	
STREET ADDRESS	<b>13536 SW MYERS DAIRY RD.</b>	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	
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	
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	
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:** *Denielle Manning* **Denielle Manning** **2-15-08** **850-674-9759**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #