


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000046647  
 1. Entity Name  
**MANDLER ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
 3316 PINEHURST DRIVE      3316 PINEHURST DRIVE  
 HOLIDAY, FL 34691      HOLIDAY, FL 34691

**DO NOT WRITE IN THIS SPACE**



02132008    No Chg-P    CR2E034 (11/05)

4. FEI Number 20-2535909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MANDLER, PAUL O**  
 3316 PINEHURST DRIVE  
 HOLIDAY, FL 34691

**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: *Paul O Mandler*      DATE: 2/20/08  
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANDLER, PAUL O
STREET ADDRESS	3316 PINEHURST DRIVE
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000839490  
 03/06/08-80010-007-150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Paul O Mandler*      DATE: 2/20/08      DAYTIME PHONE: 727-692-9754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR