2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 12, 2007 8:00 am
Secretary of State
05-16-2007 90023 026 ***150.00

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DOCUMENT # P05000099692

1. Entity Name
MICHAEL MANN PAINTING, INC.

Principal Place of Business	Mailing Address
4911 MAYFLOWER STREET MIDDLEBURG FL 32068	4911 MAYFLOWER STREET MIDDLEBURG FL 32068

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		5904 Josphie Moste Rd Jacksonville Florida 32234	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ~~Jacksonville~~		City & State Florida, ~~City~~ Jacksonville	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 05-0625186 — 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
MANN, MICHAEL S 4911 MAYFLOWER STREET MIDDLEBURG FL 32068	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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, MICHAEL S 4911 MAYFLOWER STREET MIDDLEBURG FL 32068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Michael Mann Michael Mann (904) 373-4132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #