

FILED Sep 12, 2007 8:00 am Secretary of State 09-12-2007 90001 040 ***150.00



DOCUMENT # P06000047125 1. Entity Name MANUCY DIG & STEEL, INC.					1 06 1 1 4	, , , , , , , , , , , , , , , , , , , ,	040	30.00
Principal Place of Business 6308 GOMEZ ROAD SAINT AUGUSTINE, FL 32080 Mailing Address 6308 GOMEZ ROAD SAINT AUGUSTINE, FL 32080		32080				H BEH BIRIH		
Principal Place of Business - No P.O. Box # Mailing Address			·····					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			08212007	Chg-P	CR2E	034 (12/06)	
City & State				4. FEI Numbe	-3212	704	, , , , , , , , , , , , , , , , , , ,	oplied For ot Applicable
Zip Country	Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
MANUCY, RANDY W 6308 GOMEZ ROAD SAINT AUGUSTINE, FL 32080			Street Address (P.O. Box Number is Not Acceptable)					
			City			FI	Zip Cod	e
 The above named entity submits this statement to the obligations of registered agent. 	or the purpose of changing its	registere	ed office or register	ed agent, or bot	th, in the State of Flo	orida. I am	n familiar with,	and accept
SIGNATURESignature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registere	d Ageni signature required	d when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees	In accordance v corporation did			
10. OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AN		
NAME MANUCY, RANDY W STREET ADDRESS 6308 GOMEZ ROAD CITY-ST-ZIP SAINT AUGUSTINE, FL 32080	6308 GOMEZ ROAD STR		i				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			l l				☐ Change	Addition
THE NAME STREET ADDRESS CITY-ST-ZIP	■ ·		Į.				☐ Change	☐ Addilion
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete		i				☐ Change	☐ Addition
TIILE NAME STREET ADDRESS CITY-ST-ZIP	C Delete		l l				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. ! hereby certify that the information supplied with	Delete	CITY	E ET ADDRESS - S1-ZIP	Lin Charter 110	Florido Chabass		☐ Change	Addition

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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #