

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90173 022 ***150.00

DOCUMENT # P06000094201 1. Entity Name A. MANOS SERVICES INCORPORATED					
Principal Place of Business 2231 INDIAN KEY DRIVE HOLIDAY, FL 34691			Mailing Address 2231 INDIAN KEY DRIVE HOLIDAY, FL 34691		
2. Principal Place of Business - No P.O. Box # 12181 Glancy Lane Suite, Apt. #, etc.		3. Mailing Address 12181 Glancy Lane Suite, Apt. #, etc.			
City & State Springhill FL Zip 34609		City & State Spring Hill - FL Zip 34609		4. FEI Number 20-5221050	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANOS, MICHAEL 2231 INDIAN KEY DRIVE HOLIDAY, FL 34691				7. Name and Address of New Registered Agent Name Manos, Michael Street Address (P.O. Box Number is Not Acceptable) 12181 Glancy Lane City Springhill FL Zip Code 34609	
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 DATE 4-25-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD MANOS, MICHAEL 2231 INDIAN KEY DRIVE HOLIDAY, FL 34691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Manos, Michael 12181 Glancy Lane Springhill, FL 34609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date 4-25-08 Daytime Phone # 727-967-5537		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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