

FILED
Jun 15, 2007 8:00 am
Secretary of State

05-10-2007 90025 011 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000119076

1. Entity Name
MAMMANO REPAIR SERVICE, INC.



Principal Place of Business
**110 NW 13TH TER
CAPE CORAL, FL 33993 US**

Mailing Address
**110 NW 13TH TER
CAPE CORAL, FL 33993 US**

66019178



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

221 NW 3rd Place

Suite, Apt. #, etc.

3. Mailing Address

221 NW 3rd Place

Suite, Apt. #, etc.

02162007

Chg-P

CR2E034 (12/06)

City & State
Cape Coral, FL 33993

City & State
Cape Coral, FL 33993

4. FEI Number

02-0736969

Applied For

Not Applicable

Zip
33993

Country
USA

Zip
33993

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAMMANO, ROBERT
110 NW 13TH TER
CAPE CORAL, FL 33993**

7. Name and Address of Registered Agent

Name
ROBERT MAMMANO
Street Address (P.O. Box Number is Not Acceptable)
221 NW 3rd Place

City **Cape Coral** FL Zip Code **33993**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
MAMMANO, ROBERT
110 NW 13TH TER
CAPE CORAL, FL 33993** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAMMANO, ROBERT
110 NW 13TH TER
CAPE CORAL, FL 33993** ☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**221 NW 3rd Place
Cape Coral, FL 33993** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**221 NW 3rd Place
Cape Coral, FL 33993** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #