

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000011583

FILED
Apr 22, 2008
Secretary of State

Entity Name: MANGROVE BENEFIT SERVICES, INC.

Current Principal Place of Business:

4104 WEST LINEBAUGH AVENUE
TAMPA, FL 33624

New Principal Place of Business:

1501 S. CHURCH AVE
TAMPA, FL 33629

Current Mailing Address:

4104 WEST LINEBAUGH AVENUE
TAMPA, FL 33624

New Mailing Address:

1501 S. CHURCH AVE
TAMPA, FL 33629

FEI Number: 20-8339348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAAS, LEE L
19321-C U.S. 19 NORTH
401
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CANGEMI, RICHARD S
Address: 4104 WEST LINEBAUGH AVENUE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: ZUGAY, PAUL D
Address: 4104 WEST LINEBAUGH AVENUE
City-St-Zip: TAMPA, FL 33624

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: CANGEMI, RICHARD S
Address: 1501 S. CHURCH AVE.
City-St-Zip: TAMPA, FL 33629

Title: CTO (X) Change () Addition
Name: ZUGAY, PAUL D
Address: 1501 S. CHURCH AVE
City-St-Zip: TAMPA, FL 33629

Title: CFO () Change (X) Addition
Name: MILLS, ROBERT W
Address: 1501 S. CHURCH AVE
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB MILLS

CFO

04/22/2008

Electronic Signature of Signing Officer or Director

Date