

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000015166

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** MANS & ASSOCIATES INSURANCE SERVICES INC.

**Current Principal Place of Business:**

1540 SOUTH STATE ROAD 15-A  
SUITE #33  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

POBOX 3419  
DELAND, FL 32721

**New Mailing Address:**

**FEI Number:** 90-0444751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANS, ROLAND T  
112 - A WEST NEW YORK AVENUE  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

MANS, ROLAND T  
1540 SOUTH STATE ROAD 15A  
SUITE 33  
DELAND, FL 32720 US

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:

02/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MANS, ROLAND T  
Address: 403 LANDRESS LANE  
City-St-Zip: DELAND, FL 32724

Title: VP  
Name: MANS, CRISTIAN P  
Address: 403 LANDRESS LANE  
City-St-Zip: DELAND, FLORIDA, FL 32724

Title: S  
Name: MANS, MARIA S  
Address: 403 LANDRESS LANE  
City-St-Zip: DELAND, FL 32724

I hereby 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 all other like empowered.

SIGNATURE: ROLAND T. MANS

PRES

02/27/2011

Electronic Signature of Signing Officer or Director

Date