

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P35859</b> 1. Entity Name <b>JOHN P. MACMANUS COMPANY</b>	
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Principal Place of Business <b>436 E. SHIPWRECK RD. SANTA ROSA BEACH, FL 32459</b>	Mailing Address <b>P.O. BOX 6339 DESTIN, FL 32550</b>
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**DO NOT WRITE IN THIS SPACE**



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>38-2286739</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MACMANUS, JOHN P.  
436 E. SHIPWRECK RD  
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reestablishing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	P MACMANUS, JOHN P. 436 E. SHIPWRECK RD SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MACMANUS, MYRTLE H. 436 E SHIPWRECK RD SANTA ROSA BEACH, FL 32459
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05/05/06-80030-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *John P. MacManus* **JOHN P. MACMANUS** 4/21/06 850-267-2013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Office Daytime Phone #