2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment

SIGNATURE:

May 09, 2006 8:00 am Secretary of State DOCUMENT # P92000014343 05-09-2006 90080 023 ***150.00 MANLEY FARMS NORTH, INC. Principal Place of Business Mailing Address 14200 BONITA BCH RD BONITA SPRINGS FL 34135 14200 BONITA BCH RD **BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address ollier Centeru 1040 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 12 City & State Applied For City & State 4. FEI Number 65-0379035 Naples Not Applicable Country AZO \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. MANLEY, J. K JR. Street Address (P.O. Box Number is Not Acceptable) 14200 BONITA BCH RD BONITA SPRINGS FL 34135-Zip Code 34110 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 redistered agent SIGNATURE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change Addition NAME MANLEY, J. KENT JR NAME STREET ADDRESS 14200 BONITA BCH RD STREET ADDRESS **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-7/P TITLE Delete DICE Change Addition NAME MANLEY, J. K III NAME STREET ADDRESS P O BOX 299 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP QUINCY FL ☐ Delete TITLE ☐ Change Addition NAME MANLEY, JUDY NAME STREET ADDRESS 14200 BONITA BCH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34135 TITLE ☐ Delete THIE ☐ Change Addition NAME MANLEY, JUDY NAME STREET ADDRESS 14200 BONITA BCH RD STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

Date

Daytime Phone #