

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000025595

1. Entity Name
BLAISE MANNING, INC.



Principal Place of Business
**944 W PROSPECT ROAD
OAKLAND PARK, FL 33309 US**

Mailing Address
**19150 FOX LANDING
BOCA RATON, FL 33434 US**



03282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0402969

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANNING, SUSAN
19150 FOX LANDING DR.
BOCA RATON, FL 33434**

**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 *Susan Manning*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

3/29/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000489925
04/18/06-80035-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MANNING, CHRISTOPHER**
STREET ADDRESS **19150 FOX LANDING DR**
CITY-ST-ZIP **BOCA RATON, FL**

TITLE **D**
NAME **MANNING, SUSAN**
STREET ADDRESS **19150 FOX LANDING DR**
CITY-ST-ZIP **BOCA RATON, FL**

TITLE **D**
NAME **MANNING, JOSEPH**
STREET ADDRESS **19120 FOX LANDING DR**
CITY-ST-ZIP **BOCA RATON, FL**

TITLE **D**
NAME **MANNING, MARIE**
STREET ADDRESS **19120 FOX LANDING DR**
CITY-ST-ZIP **BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Susan Manning*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06 954-772-766
Date Daytime Phone #