

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90204 022 ***150.00

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1. Entity Name
"MU" MANUFACTURER'S UNLIMITED, INC.



Principal Place of Business

19440 S TAMiami TRAIL
FORT MYERS, FL 33908

Mailing Address

19440 S TAMiami TRAIL
FORT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE



02142006 No Clig-P CR2E034 (11/05)

4. FEI Number
65-0597553

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SNITKER, KATHERINE R
~~18263 LOUISE DRIVE~~ 18251 PARKRIDGE CT.
FORT MYERS, FL ~~33942~~ 33908

**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

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

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME SNITKER, KATHERINE R
STREET ADDRESS ~~18263 LOUISE DRIVE~~ 18251 PARKRIDGE CT
CITY-ST-ZIP FORT MYERS, FL ~~33942~~ 33908

TITLE V
NAME SNITKER, RONALD E
STREET ADDRESS ~~18263 LOUISE DRIVE~~ 18251 PARKRIDGE CT.
CITY-ST-ZIP FORT MYERS, FL ~~33942~~ 33908

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHERINE R. SNITKER

4/24/06 239 466-7455
Daytime Phone #