

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90035 031 \*\*\*150.00



**DOCUMENT # P95000095414**  
 1. Entity Name  
**T. DAVID MANN & ASSOCIATES, P.A.**

Principal Place of Business      Mailing Address  
**4457 BAYOU BLVD**      **P.O. BOX 1191**  
**PENSACOLA FL 32503**      **PENSACOLA FL 32591**  
**US**      **US**



1st MOORE      CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**423 East Government St.**      **P. O. Box 1191**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Pensacola, FL 32502**      **Pensacola, FL 32591**

4. FEI Number      Applied For  
**59-3360956**       Not Applicable

Zip      Country      Zip      Country  
**32502**      **Escambia**      **32591**      **Escambia**

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

6. Name and Address of Current Registered Agent  
**MANN, T. DAVID**  
~~4457 BAYOU BLVD~~ **423 E. Government St.**  
**PENSACOLA FL 32502**      **32502**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be  
 Trust Fund Contribution.       Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MANN, T. DAVID</b>	
STREET ADDRESS	<b>4457 BAYOU BLVD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 if changed, or on an attachment with an address, with all other like empowerers.

**SIGNATURE:** **President 3/4/08 850-435-7700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #