

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90082 035 \*\*\*150.00

DOCUMENT # P96000052145

1. Entity Name  
MANZELLA PRODUCTS, INC.



Principal Place of Business  
7220 8TH AVE., N.W.  
BRADENTON, FL 34209

Mailing Address  
7220 8TH AVE., N.W.  
BRADENTON, FL 34209

2. Principal Place of Business - No P.O. Box #  
**7220 8TH Ave N.W.**  
Suite, Apt. #, etc.  
**BRADENTON**  
City & State  
**FL**  
Zip  
**34209** Country  
**USA**

3. Mailing Address  
**7220 8TH Ave N.W.**  
Suite, Apt. #, etc.  
**B**  
City & State  
**BRADENTON FL.**  
Zip  
**34209** Country  
**USA**



01232007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0681288  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MANZELLA, JOSEPH  
7220 8TH AVE., N.W.  
BRADENTON, FL 34209

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 \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS |                    |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|--------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | PS                 | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | MANZELLA, JOSEPH   |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 7220 8TH AVE. N.W. |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY - ST - ZIP            | BRADENTON, FL      |                                 |  | CITY - ST - ZIP                                       |  |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                    |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY - ST - ZIP            |                    |                                 |  | CITY - ST - ZIP                                       |  |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                    |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY - ST - ZIP            |                    |                                 |  | CITY - ST - ZIP                                       |  |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                    |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY - ST - ZIP            |                    |                                 |  | CITY - ST - ZIP                                       |  |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                    |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY - ST - ZIP            |                    |                                 |  | CITY - ST - ZIP                                       |  |                                 |                                   |

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 another like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07

Date

941  
798-7011

Daytime Phone #