

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

|                                         |                                                                                   |
|-----------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P97000000754</b>          |  |
| 1. Entity Name<br><b>WARE-MANN, INC</b> |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>904 SE 14TH AVENUE<br/>CAPE CORAL, FL 33990</b> | Mailing Address<br><b>904 SE 14TH AVENUE<br/>CAPE CORAL, FL 33990</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

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04112006 No Chg-P CR2E034 (11/06)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0716357</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                           |                                       |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>MANN, RICHARD C<br/>1201 SE 5TH ST<br/>CAPE CORAL, FL 33990</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------|

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 registering agent and firm if applicable. (NOTE: Registered Agent Signature requires www.docubond.com)

|                                                                             |                                                                                    |                                       |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------|
| <b>FILE NOW! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TS<br/>MANN, DANA L<br/>1201 SE 5TH ST<br/>CAPE CORAL, FL 33990</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>WARE, LINDA J<br/>105 NE 31ST TERR<br/>CAPE CORAL, FL 33909</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>MANN, RICHARD C<br/>1201 SE 5TH ST<br/>CAPE CORAL, FL 33970</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |

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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 seal. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, 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 fee empowered.

SIGNATURE:  **LINDA J. WARE 4-11-06 239-574-5001**  
Signature and typed or printed name of signing officer or director