2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2007 08:00 AM Secretary of State

DOCUMENT # P980 1. Entity Name THE MANKEN GROUP, INC		
Principal Place of Business 117 CENTRE ST # 3 FERNANDINA BEACH, FL 32034	Mailing Address 117 CENTRE ST # 3 JS FERNANDINA BEACH, FL 320	34 US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3487502

S. Certificate of Status Desired

Applied For
Not Applicable

\$8.75 Additional
Fee Required

MANKEN, JAMES 2109 THRASHER LANE FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

	<u> </u>		<u></u>		
	named entity submits this statement for the ions of registered agent.	purpose of changing its re	gistered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: F	Registered Agent signatur	e required when reinstaling)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaigr Trust Fund Contrib	· · -	\$5.00 May Be Added to Fees	,
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MANKEN, JAMES 2109 THRASHER LANE FERNANDINA BEACH, FL 32034				
TITLE NAME STREET ADDRESS CITY-S1-ZIP					U00000667511 03/26/07-80031-012 150.00
TITLE					
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
IITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP			į		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corchanged.	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or frustey empowere or on an attachment with an address, with a	illing does not qualify for t and accurate and that my d to execute this report as Il other like empowered.	he exemptions co signature shall ha required by Chap	ntained in Chapter 119 ve the same legal effe ster 607, Florida Statute	 Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR