

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 11, 2005 08:00 AM  
Secretary of State

DOCUMENT # P98000013621

1. Entity Name  
MANTRACK PROTECTIVE SERVICES, INC.



Principal Place of Business  
123 N.W. 13TH STREET  
SUITE 304-11  
BOCA RATON, FL 33432

Mailing Address  
123 N.W. 13TH STREET  
SUITE 304-11  
BOCA RATON, FL 33432



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0817663  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO & DECTOR, P.A.  
7777 GLADES ROAD  
SUITE 200  
BOCA RATON, FL 33434

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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)

U080000371934

07/11/05-80010-013 150.00  
DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
IPPOLITO, CHERYL D  
POST OFFICE BOX 812760  
BOCA RATON, FL 334812760

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 exemption stated in Section 119.07(3)(i), 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:

*Cheryl D. Ippolito* Cheryl Ippolito, Pres. 7/6/05 861-758-6005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ck#3123  
PD 7/7/05