

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 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**

DO NOT WRITE IN THIS SPACE



04152006 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

6. 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 reappointing)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

U000000520199
05/02/06-80084-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Cheryl D. Ippolito
SIGNATURE AND TYPED OR PRINTED NAME IF SIGNING OFFICER OR DIRECTOR

PRES.

4/19/06

561-750-6005

Date

Daytime Phone #