

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073976

FILED
Apr 28, 2005
Secretary of State

Entity Name: MANN'S DIVERSIFIED INDUSTRIES, INC.

Current Principal Place of Business:

457 NW LONA LOOP
LAKE CITY, FL 32055

New Principal Place of Business:

380 SOUTH STATE ROAD 434 #1003
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

457 NW LONA LOOP
LAKE CITY, FL 32055

New Mailing Address:

380 SOUTH STATE ROAD 434 #1003
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3565308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANN, FERNE F
457 NW LONA LOOP
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

MANN, JASON H
33168 FLORAL WAY E
APOPKA, FL 32703 US

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.

SIGNATURE: JASON MANN

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANN, ROY HAROLD JR
Address: 457 NW LONA LOOP
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: MANN, FERNE F
Address: 457 NW LONA LOOP
City-St-Zip: LAKE CITY, FL 32055

Title: P () Delete
Name: MANN, JASON HAROLD
Address: 457 NW LONA LOOP
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MANN, JASON HAROLD
Address: 3168 FLORAL WAY EAST
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON MANN

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date