2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # P98000073976

1. Entity Name
MANN'S DIVERSIFIED INDUSTRIES, INC.

Principal Place of Business	Mailing Address
380 SOUTH STATE ROAD 434 #1003 ALTAMONTE SPRINGS, FL 32714	380 SOUTH STATE ROAD 434 #1003 ALTAMONTE SPRINGS, FL 32714

02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3565308
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANN, JASON H
424 MAJESTIC OAK DRIVE
APOPKA, FL 32712

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000653888
03/13/07-80041-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANN, ROY HAROLD JR
STREET ADDRESS	457 NW LONA LOOP
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	MANN, FERNE F
STREET ADDRESS	457 NW LONA LOOP
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	P
NAME	MANN, JASON HAROLD
STREET ADDRESS	424 MAJESTIC OAK DRIVE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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: _____ 02/20/07 cell 407-310-5938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #