

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 380 SOUTH STATE ROAD 434 #1003 ALTAMONTE SPRINGS, FL 32714	Mailing Address 380 SOUTH STATE ROAD 434 #1003 ALTAMONTE SPRINGS, FL 32714
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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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**DO NOT WRITE
IN THIS SPACE**

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.

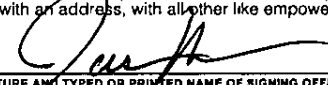
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U000000653888 03/13/07-80041-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, ROY HAROLD JR 457 NW LONA LOOP LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, FERNE F 457 NW LONA LOOP LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANN, JASON HAROLD 424 MAJESTIC OAK DRIVE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 #