
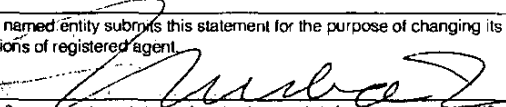
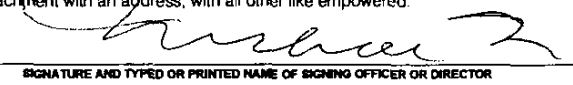


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90020 017 ***150.00

DOCUMENT # P99000074232 1. Entity Name MICHAEL J. MCMANUS, P.A.			
Principal Place of Business 7711 N. MILITARY TRAIL SUITE 1000 PALM BEACH GARDENS, FL 33410		Mailing Address 10078 DOGWOOD AVE. PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business - No P.O. Box # 10078 Dogwood Ave		3. Mailing Address P.O. Box 33022	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL	
Zip 33410		Zip 33420	
Country Palm Beach		Country Palm Beach	
4. FEI Number 65-0939171		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMANUS, MICHAEL J 10078 DOGWOOD AVE. PALM BEACH, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: 1/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME MCMANUS, MICHAEL J	TITLE 	NAME
STREET ADDRESS 10078 DOGWOOD AVE.	CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	STREET ADDRESS 	CITY-ST-ZIP
TITLE S	NAME MCMANUS, CATHLEEN	TITLE 	NAME
STREET ADDRESS 10078 DOGWOOD AVE.	CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: 		DATE: 1/8/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	