

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 268362

Entity Name: MANKO CO**Current Principal Place of Business:**20079 E. PENNSYLVANIA AVE.
6
DUNNELLON, FL 34432**Current Mailing Address:**P.O. BOX 369
DUNNELLON, FL 34430 US**FEI Number:** 59-0999683**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMP, KEVIN BPRES.
20079 E. PENNSYLVAINA AVE.
6
DUNNELLON, FL 34432 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	CAMP, KEVIN B
Address	20079 E. PENNSYLVAINA AVE. 6
City-State-Zip:	DUNNELLON FL 34432

Title	DVP
Name	ELLIOTT, WALTER R
Address	2124 SE 12TH STREET
City-State-Zip:	OCALA FL 34471

Title	D
Name	CAMP, GAY
Address	20079 E. PENNSYLVAINA AVE. 6
City-State-Zip:	DUNNELLON FL 34432

Title	DVP
Name	SANDY, JOHN N
Address	5175 SE 20TH ST
City-State-Zip:	OCALA FL 34471

Title	STD
Name	CAMP, GENE
Address	20079 E. PENNSYLVAINA AVE. 6
City-State-Zip:	DUNNELLON FL 34432

Title	D
Name	BOLTIN, LACEY
Address	29820 DARBY RD.
City-State-Zip:	DADE CITY FL 33525

I hereby 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 all other like empowered.

SIGNATURE: KEVIN B CAMP**PRESIDENT****02/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date