

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000095774

**Entity Name:** MANNS LEGAL EXPENSE INSURANCE CORPORATION

**Current Principal Place of Business:**

6 E. BAY ST.  
SUITE 304  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

6 E. BAY ST.  
SUITE 304  
JACKSONVILLE, FL 32202

**FEI Number:** 85-4171426

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MANN, SEAN D  
6 E. BAY ST.  
SUITE 304  
JACKSONVILLE, FL 32202 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 MANN, SEAN D  
Address 33 SOLANA RD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP  
Name MANN, TIMOTHY JR  
Address 1091 PONTE VEDRA BLVD.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title SEC  
Name COSTANTINO, RAYMOND S  
Address 318 PABLO RD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** SEAN D MANN

**PRES**

**04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date