


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90226 018 ****70.00

DOCUMENT # 764366					
1. Entity Name THE MANATEE COUNTY SHERIFF'S OFFICE RESERVE, INC.					
Principal Place of Business COUNTY COURT HOUSE POBOX 1045 BRADENTON FL 34206			Mailing Address COUNTY COURT HOUSE POBOX 1045 BRADENTON FL 34206		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0050788	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KULCHAR JR., ROBERT A. 3427 36TH AVENUE, EAST BRADENTON FL 34208			7. Name and Address of New Registered Agent Name Webb, Kevin Street Address (P.O. Box Number is Not Acceptable) 18355 - SR 62 City Parrish FL Zip Code 39219		
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 <i>Kevin J. Webb</i>			DATE 04-25-06		
Signature typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULCHAR, ROBERT A JR.		NAME	webb, Kevin	
STREET ADDRESS	3427 36TH AVENUE, EAST		STREET ADDRESS	18355 SR62	
CITY-ST-ZIP	BRADENTON FL		CITY-ST-ZIP	Parrish, FL 34219	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, KEVIN		NAME	Behrens, Kevin	
STREET ADDRESS	18355 SR 62		STREET ADDRESS	4550-47th St. W. #1702	
CITY-ST-ZIP	PARRISH FL 34219		CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAIGHT, EDWARD		NAME		
STREET ADDRESS	2207-AVE B		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON BCH FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEHRENS, KEVIN		NAME	Allen, John	
STREET ADDRESS	4550-47TH ST W #1702		STREET ADDRESS	512 - Bayview Dr.	
CITY-ST-ZIP	BRADENTON FL 34210		CITY-ST-ZIP	Holmes Beach FL 34217	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *Edward Straight* Edward Straight TD 4-25-06 (941)778-6324