


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90055 007 ***158.75

DOCUMENT # P97000080468

1. Entity Name
MANCO OF TAMPA BAY, INC.



Principal Place of Business
**1901 ULMERTON RD
 SUITE 700
 CLEARWATER, FL 33762**

Mailing Address
**1901 ULMERTON RD
 SUITE 700
 CLEARWATER, FL 33762**

2. Principal Place of Business
**15950 BAY VISTA DR.
 SUITE 250
 CLEARWATER, FL**

3. Mailing Address
**15950 BAY VISTA DR.
 SUITE 250
 CLEARWATER, FL**

City & State
CLEARWATER, FL


City & State
CLEARWATER, FL

Zip
33760

Country
U.S.

Zip
33760

Country
U.S.



03042005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3469554

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NORTH, ANGELA F
 1901 ULMERTON RD., STE 700
 CLEARWATER, FL 33762**

7. Name and Address of New Registered Agent
 Name **NORTH, ANGELA F**
 Street Address (P.O. Box Number is Not Acceptable)
**15950 BAY VISTA DR.
 SUITE 250**
 City **CLEARWATER** FL Zip Code **33760**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PV NAME MARKEL, GARY L STREET ADDRESS 1901 ULMERTON RD STE 700 CITY-ST-ZIP CLEARWATER, FL 33762	<input type="checkbox"/> Delete	TITLE PV NAME MARKEL, GARY L STREET ADDRESS 15950 BAY VISTA DR. SUITE 250 CITY-ST-ZIP CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS NAME NORTH, ANGELA F STREET ADDRESS 2907 BAY TO BAY BLVD., STE 104 CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gary Markel* **3/17/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #