


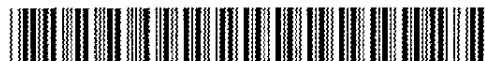
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 333247	
1. Entity Name MANATEE INVESTMENT CORPORATION	

Principal Place of Business P.O. BOX 1550 1023 MANATEE AVE W BRADENTON, FL 34205	Mailing Address P.O. BOX 1550 1023 MANATEE AVE W BRADENTON, FL 34205
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1274346	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRIMES, WILLIAM C 1023 MANATEE AVE W BRADENTON, FL 34205
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, SUSAN 4630 60TH ST. EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MURRAY, LUCILLE P. 1050 RIVERSIDE DR A302 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRIMES, WILLIAM C 4414 24TH AVE E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GRIMES, CALEB J 3612 16TH AVE E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/29/04-80042-024 150.00

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IN THIS SPACE**

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: 	WILLIAM C. GRIMES	1-27-04	9417480151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
DIRECTOR			