

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 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

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1274346**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GRIMES, WILLIAM C  
1023 MANATEE AVE W  
BRADENTON, FL 34205

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	D
NAME	KING, SUSAN
STREET ADDRESS	4630 60TH ST. EAST
CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	VD
NAME	MURRAY, LUCILLE P.
STREET ADDRESS	1050 RIVERSIDE DR A302
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	PD
NAME	GRIMES, WILLIAM C
STREET ADDRESS	4414 24TH AVE E
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	STD
NAME	GRIMES, CALEB J
STREET ADDRESS	3612 16TH AVE E
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000216154  
02/05/05-80036-021 150.00

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM C. GRIMES, P.** 2-4-05 7480151

Date

Daytime Phone #