


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**


DOCUMENT # 401543  
 1. Entity Name  
 MANATEE RIVER GROVES, INC.



Principal Place of Business  
 2709 LORRAINE ROAD  
 BRADENTON, FL 34211 US

Mailing Address  
 P. O. BOX 9829  
 BRADENTON, FL 34206-9829 US

**DO NOT WRITE IN THIS SPACE**



03262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-1416582 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, MICHAEL L.  
 2709 LORRAINE ROAD  
 BRADENTON, FL 34211

**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 \_\_\_\_\_ 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

TITLE	V
NAME	CATLETT, DAINEL A
STREET ADDRESS	2709 LORRAINE ROAD
CITY - ST - ZIP	BRADENTON, FL 34211
TITLE	P
NAME	EDWARDS, MICHAEL L
STREET ADDRESS	2709 LORRAINE ROAD
CITY - ST - ZIP	BRADENTON, FL 34211
TITLE	ST
NAME	EDWARDS, LINDA M
STREET ADDRESS	2503 RIVERVIEW BLVD.
CITY - ST - ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/30/05-80011-021 150.00

**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 or without other like empowered.

SIGNATURE:  MICHAEL L. EDWARDS 03/28/05 941 746-2175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #