


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 31, 2007 08:00 AM
Secretary of State**

DOCUMENT # H24507 1. Entity Name MANATEE CITRUS REALTY, INC.	
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Principal Place of Business 2709 LORRAINE ROAD BRADENTON, FL 34211 US	Mailing Address PO BOX 9829 BRADENTON, FL 34206-9829 US
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DO NOT WRITE IN THIS SPACE



07242007 No Chg-P CR2E034 (11/05)

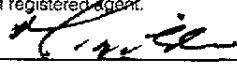
4. FEI Number 59-2456116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUCAS, CHARLES W.
13990 LAKE MAHOGAN UNIT 2212
FORT MYERS, FL 33907

**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
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, MICHAEL L 2709 LORRAINE ROAD BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUCAS, CHARLES W 13990 LAKE MAHOGAN UNIT 2212 FORT MYERS, FL 33907
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  MICHAEL L. EDWARDS 7/24/07 941-746-2175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #