

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # J67152

1. Entity Name
TARA-MANATEE, INC.



Principal Place of Business
**2666 AIRPORT ROAD SOUTH
NAPLES, FL 34112 US**

Mailing Address
**2666 AIRPORT ROAD SOUTH
NAPLES, FL 34112-4885 US**



02072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2793640

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIGGS, WILLIAM T
2666 AIRPORT ROAD SOUTH
NAPLES, FL 34112**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HIGGS, WILLIAM T
2666 AIRPORT ROAD SOUTH
NAPLES, FL 341124885**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
HIGGS, ANTONIA M
2666 AIRPORT ROAD SOUTH
NAPLES, FL 341124885**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LOIACANO, LISA F
2666 AIRPORT ROAD SOUTH
NAPLES, FL 341124885**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AGNELLI, JOHN J
2666 AIRPORT RD S
NAPLES, FL 341124885**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000068680
02/27/04-80051-012 150.00

**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: Lisa F. Loiacano 2/7/04 239-775-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #