

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90088 037 ***150.00

DOCUMENT # M65344

1. Entity Name

EVENTS UNLIMITED OF MANATEE, INC.



Principal Place of Business

C/O CYNTHIA BYNO
45 ALGONQUIN DRIVE
LAKE PLACID NY 12946
US

Mailing Address

P.O. BOX 1358
45 ALGONQUIN DRIVE
LAKE PLACID NY 12946
US



2. Principal Place of Business

LAKE PLACID

3. Mailing Address

P.O. BOX 1358

Suite, Apt. #, etc.

Lake side #24 Whiteface

Suite, Apt. #, etc.

Lake Placid NY

City & State

Lake Placid NY

City & State

Lake Placid NY

Zip

12946

Country

USA

Zip

12946

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0035256

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOGLER, EDWARD, II
802 11 STREET WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME BYNO, CYNTHIA E.
STREET ADDRESS 45 ALGONQUIN DRIVE #26 Lakeside
CITY-ST-ZIP LAKE PLACID NY Whiteface Inn Rd.

TITLE VP ☐ Delete
NAME VOGLER, EDWARD, II
STREET ADDRESS 802 11 STREET WEST
CITY-ST-ZIP BRADENTON FL

TITLE VP ☐ Delete
NAME DIXON, RICHARD N
STREET ADDRESS 45 ALGONQUIN DR #26 Lakeside Whiteface
CITY-ST-ZIP LAKE PLACID NY 12946 Inn Rd.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Cynthia E. Byno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02.22.05