

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M65344

FILED
Apr 27, 2009
Secretary of State

Entity Name: EVENTS UNLIMITED OF MANATEE, INC.

Current Principal Place of Business:

LAKESIDE #26
WHITEFACE INN LANE
LAKE PLACID, NY 12946 US

Current Mailing Address:

P.O. BOX 1358
LAKE PLACID, NY 12946 US

New Principal Place of Business:

LAKESIDE #26
339 WHITEFACE INN LANE
LAKE PLACID, NY 12946 US

New Mailing Address:

FEI Number: 65-0035256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BYNO, CYNTHIA E.
Address: #26 LAKESIDE WHITEFACE INN LANE
City-St-Zip: LAKE PLACID, NY 12946

Title: VP () Delete
Name: VOGLER, EDWARD, II
Address: 802 11 STREET WEST
City-St-Zip: BRADENTON, FL

Title: VP () Delete
Name: DIXON, RICHARD N
Address: #26 LAKESIDE WHITE FACE INN LA NE
City-St-Zip: LAKE PLACID, NY 12946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BYNO, CYNTHIA E.
Address: #26 LAKESIDE 339 WHITEFACE INN LANE
City-St-Zip: LAKE PLACID, NY 12946

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DIXON, RICHARD N
Address: #26 LAKESIDE 339 WHITE FACE INN LANE
City-St-Zip: LAKE PLACID, NY 12946

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA E. BYNO

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date