2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2004
Secretary of State

DOCUMENT# N00000007159

Entity Name: SARASOTA-MANATEE ANTIQUE BOTTLE COLLECTORS, INC.

Current Principal Place of Business:

1800 2ND ST., STE 971
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

PO BOX 18928
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 73-1639372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGINNESS, W. LEE
1800 SECOND STREET, SUITE 971
SARASOTA, FL 34236 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HERROLD, G. EDWIN
Address: 1439 16TH STREET W.
City-St-Zip: BRADENTON, FL 34205

Title: VD ( ) Delete
Name: BATES, DAVID M
Address: 6390 SINGLE TREE TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: TD ( ) Delete
Name: KREISSLE, MECKY
Address: 7947 N. TAMIAMI TR.
City-St-Zip: SARASOTA, FL 34243

Title: SD ( ) Delete
Name: HERROLD, JUANNE B
Address: 2800 YORKTOWN ST.
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: BAITHER, ROY
Address: 1205 40TH ST. W.
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GIBSON, TRENICE
Address: 1439 16TH STREET W.
City-St-Zip: BRADENTON, FL 34205

Title: VD (X) Change ( ) Addition
Name: BURGESS, STEVE
Address: 2325 JAVA PLUM
City-St-Zip: SARASOTA, FL 34232

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANNE B. HERROLD SD 04/17/2004

Electronic Signature of Signing Officer or Director — Date