


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000006090</b> 1. Entity Name <b>MANATEE RIVERWALK, INC.</b>	
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Principal Place of Business P.O. BOX 321 BRADENTON, FL 34206	Mailing Address P.O. BOX 321 BRADENTON, FL 34206
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02082005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1129854	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  NAJMY, JOSEPH L ESQ. C/O HARLLEE, PORGES, HAMLIN, KNOWLES P.A. 1205 MANATEE AVENUE WEST BRADENTON, FL 34205
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HODGES, KELLY PO BOX 321 BRADENTON, FL 34206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCHIMPF, JIM 323 10TH AVE W #302 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALISBURY, TROY PO BOX 1000 BRADENTON, FL 34206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/05-80060-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/8/05 (941) 748-4842 Date Daytime Phone # x128