


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

03-29-2004 90035 007 ****61.25

DOCUMENT # N03000007188 1. Entity Name MANASOTA 2 METEORS, INC.					
Principal Place of Business 1515 RINGLING BLVD. #900 SARASOTA, FL 34236			Mailing Address 1515 RINGLING BLVD. #900 SARASOTA, FL 34236		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 81-0634385	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEVINE, STUART J 1515 RINGLING BLVD. #900 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>					
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEAIRS, JEFF 1515 RINGLING BLVD. #900 SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROLFES, JIM 1515 RINGLING BLVD. #900 SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWARD, DARREN 1515 RINGLING BLVD. #900 SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN BRANDT, PHIL 1515 RINGLING BLVD. #900 SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVINE, STUART J 1515 RINGLING BLVD. #900 SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with officer like empowered.					
SIGNATURE: <u>Stuart J. Levine</u> <u>3/26/04</u> <u>941-304-8787</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

00411006



03092004 Chg-NP CR2E037 (10/03)

Attachment
WALTERS
LEVINE
BROWN
KLINGENSMITH
& THOMISON P.A.
ATTORNEYS AT LAW
SARASOTA • TAMPA

66411592
N 0300000718e

STUART JAY LEVINE
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www.walterslevine.com

1515 RINGLING BLVD.
SUITE 900
SARASOTA, FL 34236
(941) 364-8787
(941) 361-3023 FAX

April 9, 2004

Secretary of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Annual Report Section

Re: Manasota 2 Meteors, Inc.

To Whom It May Concern:

Please find enclosed herewith a copy of your March 31, 2004 correspondence along with a copy of the Annual Report for Manasota 2 Meteors, Inc. As you will note, the FEI number was included in the original filing. Pursuant to my secretary's conversation with your office, I am hereby returning the form to your attention.

If you should require any additional information, please do not hesitate to contact me.

Very truly yours,

WALTERS, LEVINE, BROWN,
KLINGENSMITH & THOMISON, P.A.


Stuart Jay Levine

SJL/rhc-m
enclosures

99099.007/Department of State letter 20