

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

08-15-2005 90077 027 ****61.25

FILED N03000007188
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

06072005 Chg-NP CR2E037 (10/03)

4. FEI Number 81-0634395	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	Peairs, Jeffrey D.
Street Address	1750 RINGLING BLVD.
City	Sarasota
FL	Zip Code 34230-3979

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 *Jeff Peairs* DATE 8.8.05
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	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
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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	PD PEAIRS, JEFF 1750 RINGLING BLVD. SARASOTA FL 34236 <input checked="" 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 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	VD HOWARD, DARREN 1515 RINGLING BLVD. #900 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWARD, DARREN 1750 RINGLING BLVD. SARASOTA FL 34236 <input checked="" 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 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACQUELYN PIETRANTONE 1750 RINGLING BLVD. SARASOTA FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.

SIGNATURE: *Jeff Peairs* DATE 8.8.05 DAYTIME PHONE # 941-966-4680
(NOTE: Signature and typed or printed name of signing officer or director)