

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003175

FILED
Mar 06, 2009
Secretary of State

Entity Name: NORTH MANATEE STORM, INC.

Current Principal Place of Business:

6312 US HIGHWAY 301 N, 247
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

6312 US HIGHWAY 301 N, 247
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 20-0936403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSBORNE, KEVIN M
5010 HEMINGFORD CT
PALMETTO, FL 34221 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: DP () Delete
Name: THOMPSON, ERIC
Address: 1610 14 STREET EAST
City-St-Zip: BRADENTON, FL 34208

Title: DT () Delete
Name: OSBORNE, KEVIN M
Address: 5010 HEMINGFORD CT
City-St-Zip: PALMETTO, FL 34221

Title: DS () Delete
Name: MUNDY, MERRILY
Address: 12840 STATE ROAD 62
City-St-Zip: PARRISH, FL 34219

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: OSBORNE, KEVIN
Address: 5010 HEMINGFORD CT
City-St-Zip: PALMETTO, FL 34221

Title: DV (X) Change () Addition
Name: KNOPF, TIMOTHY
Address: 4107 NOBILE PLACE
City-St-Zip: PARRISH, FL 34219

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

Title: DT () Change (X) Addition
Name: MCKEAGE, TERESSA
Address: 6012 61ST CT E
City-St-Zip: PALMETTO, FL 34221

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN M. OSBORNE

DP

03/06/2009

Electronic Signature of Signing Officer or Director

Date