

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90197 017 ****61.25

DOCUMENT # N05000007210 1. Entity Name MANASOTA GREAT BANQUET INC.					
Principal Place of Business 7045 N. TAMiami TRAIL SARASOTA, FL 34243			Mailing Address 7045 N. TAMiami TRAIL SARASOTA, FL 34243		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40002000 	
City & State Zip Country		City & State Zip Country		4. FEI Number APPLIED FOR 204850657	
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 MAZZIE, PATTI 6407 1ST AVE. WEST BRADENTON, FL 34209				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$61.25 Due by May 1, 2007		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	DP STEPHENSON, KEVIN 2214 SHADOW OAKS RD. SARASOTA, FL 34240	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MERCER, PAUL 5538 HAYDEN BLVD. SARASOTA, FL 34232	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIRBAS, JENNIFER 8910 PROVINCE ST. SARASOTA, FL 34240	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAZZIE, PATTI 6407 1ST AVE. WEST BRADENTON, FL 34209	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REID, BARBARA 1716 MINNESOTA AVE. BRADENTON, FL 34281	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCER, FEE 5538 HAYDEN BLVD. SARASOTA, FL 34232	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Kristen Jensen 5144 Marshfield Ln. Sarasota, FL 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Patricia Kindt P.O. Box 50756 Sarasota, FL 34232	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mailing address 2789 Harvest Dr. Sarasota, FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Patti Mazzei</i>		Date 4-22-07 Daytime Phone # 941-794-9938			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					