

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90157 050 ****61.25



DOCUMENT # N22308

1. Entity Name

A TASTE OF MANATEE COUNTY, INC.

Principal Place of Business

2945 TAYWOOD MEADOW
SARASOTA FL 34235
US

Mailing Address

P O BOX 9869
BRADENTON FL 34206
US



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2842902

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COFFEY, FREDRICK
2945 TAYWOOD MEADOW
SARASOTA FL 34235

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD Delete

NAME GALLO, ANTHONY
STREET ADDRESS 1502 5TH ST W
CITY-ST-ZIP PALMETTO FL 34221

TITLE VTD Delete

NAME COFFEY, FREDERICK
STREET ADDRESS 2945 TAYWOOD MEADOW
CITY-ST-ZIP SARASOTA FL 34235

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition

NAME *P. Coffey*
STREET ADDRESS *2945 Taywood Meadow*
CITY-ST-ZIP *Sarasota FL 34235*

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

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TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

Frederick Coffey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06

941-377-0707

Date

Daytime Phone #