


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90001 002 ****61.25

DOCUMENT # N35933 1. Entity Name MANATEE PERSONAL COMPUTER USERS GROUP, INC.	
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Principal Place of Business 4835 27TH STREET W. SUITE 135 BRADENTON, FL 34207 US	Mailing Address 5726 CORTEZ RD W. STE 286 BRADENTON, FL 34210 US
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50002049



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2921866	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 GRANT, DONNA 7001 8TH AVE. W. BRADENTON, FL 34209

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAILING, EILEEN 5811 11 ST EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DODGE, CHRISTINE 6101 34TH ST WEST BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOWERS, DONALD S JR. 4202 17TH AVE. W. BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOZZETTI, MARY A 1116 64 ST NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNIEDER, JACK 2624 30 ST WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYLER, LARRY JR 9604 CORTER RD., APT 223 BRADENTON, FL 34210

**DO NOT WRITE
IN THIS SPACE**

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: Donna J. Grant **DONNA J. GRANT** 1/10/05 941 795-7240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #