

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90007 009 \*\*\*\*61.25

**DOCUMENT # N93000003884**

1. Entity Name

MANATEE LAW ENFORCEMENT GAMES INC.



Principal Place of Business

515 11TH ST. WEST  
BRADENTON FL 34205

Mailing Address

515 11TH ST. WEST  
BRADENTON FL 34205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BUCHANAN, GREGORY R  
515 11TH ST. WEST  
BRADENTON FL 34205

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

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 NAME	T SANCHEZ, ROBERT W	<input type="checkbox"/> Delete
STREET ADDRESS	341 SEA GRAPE RD.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE NAME	P BUCHANAN, GREGORY	<input type="checkbox"/> Delete
STREET ADDRESS	515 11TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE NAME	S PARMENTER, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS	515 11 ST W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE NAME	VP MURRELL, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	515 11TH STREET WEST	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE NAME	BMD BASS, BARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	116 53 8TH AVE CIR E.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE NAME	BMD PEREZ, JOEL	<input type="checkbox"/> Delete
STREET ADDRESS	4510 34TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34208	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	BMD SMORA McIVER
CITY-ST-ZIP	515 11STW BRADENTON FL 34205
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24079092



MOORE

CR2E037 (4/04)

4. FEI Number

65-0470226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required