2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005554

FILED Jan 20, 2004 08:00 AM Secretary of State

1. Entity Name MANATEE BASEBALL CLUB, INC.				
Principal Place of Business 1023 MANATEE AVENUE WEST BRADENTON, FL 34205	Mailing Address 1023 MANATEE AVENUE WEST BRADENTON, FL 34205			
DO NOT WRITE I		CE	01162004 No Chg-NP 4. FEI Number 65-0625411 5. Certificate of Status Desired	CR2E037 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agens HAWKINS, JOHN D 1023 MANATEE AVENUE WEST BRADENTON, FL 34205		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 Filling Fee is \$61.25 Due by May 1, 2004 Page 1. Signature of 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. NOTE, Registered Agent signature required when reinstating) DATE Added to Fees				
10. OFFICERS AND DIR TITLE SVD NAME HAWKINS, JOHN D 321 32 ST W CITY-ST-ZIP BRADENTON, FL 34205 TITLE PD MAME MEISSNER, GREGORY C 1111 3RD AVENUE W #150 TITLE TD NAME RUGGIERO, BRIAN STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 TITLE TD RUGGIERO, BRIAN STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 TITLE	ECTORS		DO NOT W	
NAME STREET ADDRESS CITY - SI - ZIP TITLE NAME STREET ADDRESS			IN THIS SI	-AUE

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Ful (M) Gregory C. Me

16/04 941-7

9Y/- 7Y\$-3280 Daytime Phone #