2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001267

1. Entity Name
MANATEE RESOURCE MANAGEMENT, INC.

Principal Place of Business
5605 PALM BEACH BLVD
FT. MYERS, FL 33905 US

Mailing Address
5605 PALM BEACH BLVD
FT. MYERS, FL 33905 US

03142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0703601
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KUSHNER, STEVEN P
1375 JACKSON ST., STE. 202
FT. MYERS, FL 33901

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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	VD
NAME	TINDER, DAVID L
STREET ADDRESS	21970 N. RIVER ROAD
CITY-ST-ZIP	ALVA, FL 33920
TITLE	PD
NAME	RUEDI, DIETER
STREET ADDRESS	PO BOX 191
CITY-ST-ZIP	ALVA, FL 33920
TITLE	D
NAME	BALZ, FAINER DR
STREET ADDRESS	938 HIALEAH STREET
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	BRAENDLI, ANDRES DR
STREET ADDRESS	5724 KOELLIKEN
CITY-ST-ZIP	BERGGASSE 9 SWITZERLAND,
TITLE	D
NAME	OLE, EWERTS DR
STREET ADDRESS	13141-3 MCGREGOR BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000265671
03/16/05-80064-019 61.25

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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: Dennis L. Tinder 3-14-05 239 694-4062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #