


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

**DO NOT WRITE IN THIS SPACE**



03142005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**65-0703601**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 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)(f), 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:**  **David L. Tinder**      **3-14-05**      **694-4016**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #