


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90187 025 ***150.00

DOCUMENT # P0000072577	
1. Entity Name MANASOTA MANAGEMENT SERVICES, INC.	

Principal Place of Business 1801 GLENGART ST. SARASOTA, FL 34231	Mailing Address 1801 GLENGART ST. SARASOTA, FL 34231
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-1028458	Applied For Not Applicable
Zip	Country	Zip	Country



04222005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEPHEN F. VOIGHT, P.A. 2414 BEE RIDGE RD SARASOTA, FL 34239	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State (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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUTTON, WILLIAM 223 HIDDEN BAY DR. OSPREY, FL 34229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 Glengary St. Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLEY, ELIZABETH 223 HIDDEN BAY DR. OSPREY, FL 34229 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Markel, Jim 1801 Glengary St. Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: William Sutton **William Sutton** 4-22-05 941-921-5393
SIGNATURE AND TYPED-OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #