

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90040 003 ***150.00

DOCUMENT # P00000085502

1. Entity Name
MANATEE LOGISTICS, INC.



Principal Place of Business

16505 ST RD 64 E
BRADENTON, FL 34202

Mailing Address

16505 ST RD 64 E
BRADENTON, FL 34202

50000874



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3669585

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAKLIS, V. WILLIAM ESQ
1400 4TH AVE W
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME O'BRIEN, THOMAS
STREET ADDRESS P.O. BOX 898
CITY-ST-ZIP BRADENTON, FL 34206

TITLE VS
NAME O'BRIEN, MARTIN
STREET ADDRESS P.O. BOX 898
CITY-ST-ZIP BRADENTON, FL 34206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas O'Brien 3-1808 941-744-0505